## 117000264261

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

## **COVER LETTER**

Division of Corp	orations		
SUBJECT:	Name of Limit	TES OF FLOREINA, ed Liability Company	uc
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	dence concerning this matter to	o the following:	
	JESSE LEE RAY	Name of Person  Attorney at Cau, Firm/Company	P.A.
	13014 N. DA	EE MAJRY / they, S	Tte # 315
	JAMPA, FL Sathand? E-mail address: (to	SIGIS  City/State and Zip Code  [ZOP LUC & CMAFL]  be used for future annual report notificati	Com on)
For further information cor	ncerning this matter, please cal		
Name of I	ner/ly Person	at ( <u>\$13</u> ) <u>\$42 - 4</u> Area Code Daytime Tel	ephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

South MND 12 DERTIES O (Name of the Limited Liability Compa (A Florida Limited L	& FLORIDA, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on $\frac{12}{24}$	_ and assign	ned
Florida document number <u>L17000264261</u> .	,		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbre	eviation "L.L.C	
Enter new principal offices address, if applicable:		<b></b>	JAT BS
(Principal office address MUST BE A STREET ADDRESS)			웊
		<del>- 22</del>	
		2	
Enter new mailing address, if applicable:			F 9.1
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	BA BE
			<u> </u>
B. If amending the registered agent and/or registered of	fice address on our records, enter th	e name of	the nev
registered agent and/or the new registered office address here	<b>2</b> :		
Name of New Registered Agent:			
	-	<del></del>	
New Registered Office Address:	Enter Florida street address		
	Florida		
<del></del>	, Florida	Zin Code	

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
AMISIZ	EURN NUNDALLY	5312 Northdale Blue TAMPA, FL 33624	bbAdd
	,	TAMPA, FL 33624	Remove
			Change
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ote: If	e date, if other than the date of filing:	a 605.02 : listed
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e Oth day after the record is filed.	arlier
ated	January 17 - 2018.	
	Signature of a member or authorized representative of a member	_

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Filing Fee: \$25.00