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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 FFR -6 AM 7: 43

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Patricks Picks UC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Melba P. Holland Name of Person
Patricks Picks LLC Firm/Company
113 East Harbor Dr. Address
Patricks Picks 5847 @ Gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Melba P. Holland at (904) 894.2759 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status & Certificate of

MAILING ADDRESS: 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

(Name of the Limited	CVS Liability Company as it Florida Limited Liability	now appears on our record Company)	<u>s.</u>)
The Articles of Organization for this Limited Liab Florida document number <u>L 18 0000 2005</u>		iled on $\frac{\sqrt{23}}{1}$	and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability co	mpany here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Com	pany," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:		_
(Principal office address MUST BE A STREET.	ADDRESS)	<u> </u>	SEC ALL
Enter new mailing address, if applicable:			RETARY OF AHASSES. FEB -6 AM
(Mailing address MAY BE A POST OFFICE BO	<u></u>		STATE STATE
B. If amending the registered agent and/or registered agent and/or the new registered office		idress on our records	s, enter the name of the new
Name of New Registered Agent:	Richard	Holland	
New Registered Office Address:		Enter Florida street addres.	2
	Cit	,	orida Zip 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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Melba P. Holland	113 East Harbor Dr	Add
		Vero Beach FL. 329100	☐ Remove
			Change
			Remove
		<u></u>	Change
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fan effec <u>Note:</u> Lf	re date, if other the trive date is listed, the f the date inserted in nt's effective date of	date must be spec a this block doe	ific and cannot s not meet th	be prior to dat e applicable s	of filing or mor tatutory filing	e than 90 days af	tional) ter filing.) Pursuan his date will not	t to 605.020' be listed as	7 (3) s the
The 9	ord specifies a d 90th day after t	he record is	filed.				a.m. on the	earlier o	of:
Dated _	Januari	3 BOX	· · · · · · · · · · · · · · · · · · ·	2018.	·				
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Page 3 of 3

Filing Fee: \$25.00