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FILED Apr 15, 2019 08:00 AM Secretary of State



ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

FILED Apr 15, 2019 08:00 AM **Secretary of State**

Sanibel Com			
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)		
The Articles of Organization for this Limited Liability Comp Florida document number <u>レB 0000 45 ⊋94</u> .	any were filed on 8 30 18 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
The new name must be distinguishable and contain the words "Limited I.	.iability Company," the designation "L.L.C." or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS	Sanibel FL 33957		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1039 Periwinkle way Sanibel FL 33957		
B. If amending the registered agent and/or registered egistered agent and/or the new registered office address	d office address on our records, <u>enter the name of the</u> here:		
Name of New Registered Agent:	na		
New Registered Office Address:	Enter Florida street address		
	, Florida		
	City Zip Code		
New Registered Agent's Signature, if changing Registered Age	ent:		
	agree to act in this capacity. I further agree to comply with		

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	Address	Type of Action
MGR	Kimberly Munger	1039 Perininklewa	-Y_prådd
		SANIBEL A 33957	□ Remove
			Change
MGR	John G. Munger	1039 Periwinkle way	Add
		Sanibel FL 33957	☐ Remove
			Change
P	John G Munger	1039 Periwinkle way	🗆 Add
		1039 Periwinkle Wan Sanibel fl 33957	ŒRemove
_			□ Change
(\mathcal{A})	Kimberly D Munger	1039 Periwinkle war Sanibel FL 33957	<u>_</u> □ Add
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(If an efi <u>Note:</u>	ive date, if other than the date of filing: O O O
If the red (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	4/11 , 2019.
	}
	Signature of a member or authorized representative of a member Kimberty Minger Typed or printed pane of signee

Page 3 of 3

Filing Fee: \$25.00