## L18000051554

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**MAR 192018** 

T. SCOTT



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SECRETARY OF STATE

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# OF

TO: Registration Section  Division of Corporations	COVER LETTER
SUBJECT: Northeast	Florida Holdings, LLC Name of Limited Liability Company
	Name of Limited Liability Company
The enclosed Articles of Amendment at	nd fee(s) are submitted for filing.
Please return all correspondence concer	ming this matter to the following:
	school e Coul
	Name of Person
- 1	Firm/Company
2	
	826 Reedpond Dr N. Address
ا <u>ا</u> ال	City/State and Zip Code
<u></u>	E-mail address: (to be used for future annual report notification)
For further information concerning this	matter, please call:
Crystal Freed Name of Person	at ( 904 ) 553 - 2555  Area Code Daytime Telephone Number
Enclosed is a check for the following ar	
	Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, cate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
MAILING ADDRES Registration Section	
Division of Corporati	Registration Section ons Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 3231	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Northeast Flo	orida Holdings, LLC	<u> こ</u>
(Name of the Limited Liability Comp	pany as it now appears on our records.) I Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Compan	y were filed on 2 26 18	3 and assigned
Florida document number _ \( \begin{align*} \lambda \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the name of the limited lia		
The new name must be distinguishable and contain the words Emiled List	hility Connany "the decignation "LLC" or	the abbreviation "L. C."
#		the abbreviation 2.5.C.
Enter new principal offices addless, if applicable:	<u> </u>	75E 28
(Principal office address MUST BE A STREET ADDRESS)		
,	· · · · · · · · · · · · · · · · · · ·	ARE HAR
		SSE 19
Enter new mailing address, if applicable:	<u> </u>	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		Fo -
		<u> </u>
<u> </u>		<b>&gt;</b>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, e	nter the name of the new
registered agent and/or the new registered office address ne	<u>arc</u> .	
Name of New Registered Agent:	nla	
Name of New Registered Agent.	•••••	
New Registered Office Address:	r . Fl · i II	
	Enter Florida street address	
	, Florid	la
New Registered Agent's Signature, if changing Registered Agen	•	np cone
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet	gree to act in this capacity. I furthe	er agree to comply with the
accept the obligations of my position as registered agent as	s provided for in Chapter 605, F.S	'. Or, if this document is
being filed to merely reflect a change in the registered offic		
company has been notified in writing of this change.		

If Changing Registered Agent, Signature of New Registered Agent

If amending or removed	Authorized Person from our records:	(s) authorized to mana	ge, <u>enter the t</u>	itle, name, and a	ddress of each p	erson being added
MGR = M $AMBR = A$	lanager .uthorized Member					
<u>Title</u>	<u>Name</u>		Address			Type of Action
				9		D Add
			<del></del>		<del></del> .	🗆 Remove
						Change
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						_□ Remove
						□ Change

). If amen	ding any other info	ormation, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: I	f the date inserted in	nn the date of filing:  ate must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)( this block does not meet the applicable statutory filing requirements, this date will not be listed as the the Department of State's records.
	ord specifies a de 90th day after th	elayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e record is filed.
Dated _	3 13	
		Signature of a member or authorized representative of a member
		Michael R. Freed Typed or printed name of signee
		Page 3 of 3
		Filing Fee: \$25.00