11800052201

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

	tion Secti of Corpo				
		d FL. LLC			
		Name of Lim	ited Liability Company		
The enclosed Arti	cles of An	nendment and fee(s) are sub	mitted for filing.		
Please return all c	orresponde	ence concerning this matter	to the following:		
	W.	Michael Kerver			
			Name of Person		
		Full Circle Old FL, LLC			
			Firm/Company		
		11220 Metro Pkwy, Suite	#27		
			Address		
		Fort Myers, FL 33966			
		mkerver@advancehomesin	City/State and Zip Code		
	-	•	to be used for future annual report notif	ication)	
For further inform	ation conc	erning this matter, please ca	ail:		
Michael Kerver			239 939-9996		
	Name of Pe	erson	at () Area Code Daytime	Telephone Number	
Enclosed is a chec	k for the f	ollowing 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	C ADDRESS:	STREET/COURT	FD AMDRESS.	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Lial</u> (A Flor	bility Company as it now appears on our records rida Limited Liability Company)	2)
The Articles of Organization for this Limited Liability Florida document number $\frac{L18000052201}{L18000052201}$	y Company were filed on 2/27/18	and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "I	.imited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		•
(Principal office address MUST BE A STREET AD.	DRESS)	
		MAR EX
		29 29
Enter new mailing address, if applicable:		ار است
(Mailing address MAY BE A POST OFFICE BOX)		39 - FC3
		: 2:
B. If amending the registered agent and/or registered agent and/or the new registered office a		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u> </u>	, Flor	rida Zip Code
	City	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	Address	Type of Action
VP W.	W- Michael Kerver	11220 Metro Pkwy, Suite #27,	□ Add
		Fort Myers, FL 33966	☐ Remove
		Change from MGR to VP	■ Change
			Add
			□ Remove
			Change
		<u>. </u>	□ Remove
			☐ Change
			□ Add
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	<u> </u>		## AR
			R 29 AM 9: 29
			
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Cffactive data if ather then	the date of Clina	(4	(a.m.a.l.)
Note: If the date inserted in thi	the date of filing:	date of filing or more than 90 days afte le statutory filing requirements, thi	r filing.) Pursuant to 605.0207 (3 s date will not be listed as the
ne record specifies a dela The 90th day after the	yed effective date, but not a record is filed.	an effective time, at 12:01	a.m. on the earlier of:
Dated March 16	2018		
Janea / Will I		•	
6/11/12			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00