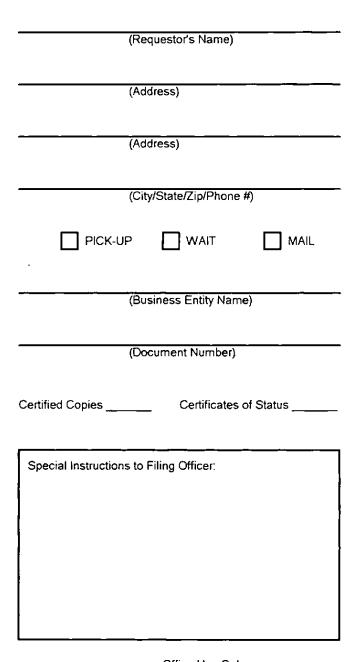
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TALLAHASSEE, FLUKIUS

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COVER LETTER

Div	ision of Corp	orations		
SUBJECT:		SQUARE, LLC		
SUBJECT		Name of Limit	ed Liability Company	
The enclosed	Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return	all correspond	dence concerning this matter to	o the following:	
		J. DAVID CAMPBELL EA	\	
			Name of Person	
		CAMPBELL'S ENROLLE	D AGENTS & CO., INC	
			Firm/Company	
		405 TAMIAMI TRAIL		
			Address	
		PUNTA GORDA, FLORIE	DA 33950	
			City/State and Zip Code	
		INFO@CAMPBELLSEA.C		
		E-mail address: (to	o be used for future annual report notific	ation)
For further i	nformation co	ncerning this matter, please ca	H:	
муснаец	. OVERSTRE	ET	941 720-9388 at ()	
	Name of	Person	Area Code Daytime	Felephone Number
Enclosed is:	a check for the	following amount:		
■ \$25.00 E	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:

Registration Section

TO:

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

TENSION SQUARE, LLC		
(Name of the Lim	ited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited I Florida document number L18000057635	Liability Company were filed on 2	MARCH 5, 2018 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	ment is submitted to amend the following: ding name, enter the new name of the limited liability company here: must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." principal offices address, if applicable: office address MUST BE A STREET ADDRESS) mailing address, if applicable: office address MAY BE A POST OFFICE BOX) Inding the registered agent and/or registered office address on our records, enter the name of the fireway agent and/or the new registered office address here:	
he new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and registered agent and registered agent and registered agent.	l/or registered office address (30 AM 3: 2
Name of New Registered Agent:	J. DAVID CAMPBELL EA	
New Registered Office Address:	405 TAMIAMI TRAIL	
	Enter F	lorida street address
	PUNTA GORDA	, Florida ³³⁹⁵⁰
	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.

11 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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>	<u>Name</u>	Address	Type of Action
AMBR	MICHELLE E CAMPBELL	436 MALPELO AVE. PUNTA GC	🖴 Add
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			🗖 Change
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			Change

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		18 MAR 30
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	st be specific and cannot be prior to date of f lock does not meet the applicable statut	(optional) filing or more than 90 days after filing.) Pursuant to 60 tory filing requirements, this date will not be lis
ecord specifies a delaye e 90th day after the rec		ective time, at 12:01 a.m. on the earl
MARCH 5	2018	
	··	
	Signature of a member or authorized repru	

Page 3 of 3

Filing Fee: \$25.00