L180000 64815

(Reques	stor's Name)	
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PICK-UP] WAIT	MAIL
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(Docum	ent Number)
Certified Copies	Certificate	s of Status
Special Instructions to Filin	g Officer:	





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SECRETARY OF STATE

N COOPER MAR 2 8 2018

COVER LETTER

TO: Registration Se Division of Cor		·	
SUBJECT: Md	Servicino Name of Lim	Jed Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	David G Md sex	rossman Jr	
	10 30	Firm/Company	
	3797 130	Address	
	Largo fl davidaros	City/State and Zip Code Sman 71 @ Gn to be used for future annual report notifi	nail. Com
For further information c	oncerning this matter, please ca		
David (Name o	Grossman Person	at (727) 698 Area Code Daytime	5569 Telephone Number
Enclosed is a check for the	he following 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)
MAIL	ING ADDRESS:	STREET/COURII	ER ADDRESS:

Registration Section Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Registration Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(<u>Name of the Limited Liability Company as it now appears on our re</u> (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on March	12,2018 and assigned
Florida document number <u>L180000 64815</u> .	
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 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 ADDRESS)	89 (
	ARE ARE
	ASS ASS
Enter new mailing address, if applicable:	79 - F. S. J. F.
(Mailing address MAY BE A POST OFFICE BOX)	
	9 5 7
B. If amending the registered agent and/or registered office address on our recregistered agent and/or the new registered office address here:	ords, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street a	ddress
Emer Product street a	
ismer Fibrital Street a	. Florida

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 = MS $AMBR = AS$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	David Grossman	13797 136th Ave	_d Add
		Largo FL 33771	Remove
			Change
MGR	Richard Grossman	11434 Minnieola Dr	P Add
		New Port Richery FL 3468	Remove
			Change
			□ Add
			□ Remove
			Change
			_□ Add
		W-175	_□ Remove
			Change
			_□ Add
			_□ Remove
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			Change

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fective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing or	(optional)
ote: If the date inserted in this block does not meet the applicable statutory fi	ling requirements, this date will not be listed a
cument's effective date on the Department of State's records.	
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Filing Fee: \$25.00