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SECRETARY OF STATE
DIVISION OF CORPORATION

N COOPER MAY 2 2 2018

COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT:	876 C Name of Limit	HE LLC	
The enclosed Articles of Am	endment and fee(s) are subm	nitted for filing.	
Please return all corresponde	ence concerning this matter to	o the following:	
	Clinto	Name of Person	
	876	C J E L L C	
	3863 (Chasing Falls Y	20.
		Park FL 32 City/State and Zip Code RFF @ g Mc: 1 o be used for future annual report notifi	
For further information cond			
Name of Pe	rrson	at () Area Code Daytime	Telephone Number
Enclosed is a check for the t	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 ADDRESS:

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**

876 C & E LLC (Nume of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)		
;		
The Articles of Organization for this Limited Liability Company were filed on 03/27/2018 and a	ssigno	ed
Florida document number <u>L 18 0 00 0 7 8 5 4 7</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 "	I.L.C.	•••
Enter new principal offices address, if applicable:		PV.
(Principal office address MUST BE A STREET ADDRESS)	<u></u>	SICE
		-로(주 - 유럽~;
		1000 E
Enter new mailing address, if applicable:	A	- 2 29⊂
		<u>-₹</u> 5
(Mailing address MAY BE A POST OFFICE BOX)	8	
B. If amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here:	<u>: of 1</u>	the new
Name of New Registered Agent:		
New Registered Office Address:		
Enter Florida street address		
Florida		
New Registered Office Address:	,	
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 com-	iply v	vith 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 = Ma AMBR = Au	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Blake Kerivel	106 Dulphin Blud. E.	
		LOG Dulphin Blud. E. Ponte Vedin Brach, FL 320	32 Remove
			Change
			
			□ Remove
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			Change
			□ Remove

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	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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	<u> </u>	,
If an effec <u>Note:</u> If	e date, if other than the date of filing:	0207 d as
ne reco The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie Oth day after the record is filed.	r of
Dated _	May 18th 2018 Clintar Fig. Con Signature of a member arauthorized representative of a member	
	Clintar Fig Lor	
	Signature of a member of authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00