118000102106

(Reque	stor's Name)	
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3101 3 11411137	
(Addres	 ss)	
(Addres	ss)	
(City/St	ate/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busine	ess Entity Nai	me)
(Docun	nent Number)	
Certified Copies	Certificate	s of Status
Special Instructions to Filir	ig Officer:	





800322000678

01/03/19--01015--011 *+25.00

2019 JAII - 4 PM 1:03

D BRUCE JAN 12 MIS

COVER LETTER

Division of Corpo	orations			
SUBJECT:	1P House Name of Limi	Buyers, LL ted Liability Company	C	
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.		
Please return all correspond	dence concerning this matter t	to the following:		
	Seana A	tbdelmajid Name of Person		
	MUP	touse Buyer	-s LLC	
	5379 Lyon	5 Read # 47L Address	+	
	Cecons	+ Creek Fl City/State and Zip Code	33073 Egmail Corn	-
	E-mail address: (t	o be used for future annual report notice	fication) Jail Mail Com	<u> </u>
For further information cor	ncerning this matter, please ca	lt:	- 79 lo 2	
Seana Abo Name of I	delmajid Person	at (727) 278 Area Code Daytim	- 78 6 2 Telephone Number	ວ ລ
Enclosed is a check for the	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)	

TO:

Registration Section

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

(Name of the Limited	Se B Liability Compan Florida Limited L	y ye√5 y as it now appears liability Company)	on our records.)		
The Articles of Organization for this Limited Lial	bility Company v		1 1	and assigned	
This amendment is submitted to amend the follow	ving:				
A. If amending name, <u>enter the new name of t</u>	he limited liabi	lity company her	<u>e</u> :		
The new name must be distinguishable and contain the wor	rds "Limited Liabili	ity Company," the de-	signation "LLC" or t	he abbreviation "L.L.C."	
Enter new principal offices address, if applical				201	
(Principal office address MUST BE A STREET	'ADDRESS)				į
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>		7.
			 _	- 3 O	
B. If amending the registered agent and/o registered agent and/or the new registered off	r registered of ice address here	fice address on	our records, <u>er</u>	nter the name of the ne	<u> 11</u>
Name of New Registered Agent:	Kathe	vine	Lemier	<u>></u>	
New Registered Office Address:	5379 1	- CAS Co Enter Flori	da street address	474	
	Cocono	City City	, Florid	a 33073 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 = M $AMBR = A$	lanager .uthorized Member		
Title	Name	Address	Type of Action
			Add
			□ Remov e
			Change
			□ Add
			□ Remove
			Change
			☐ Add
			Remove
			☐ Change
			□ Removes
			□ Change
			☐ Remove
			Change
			Add
			☐ Remove
			Change.

Please Re	move	Andr	ew M	artin	Δ
who is co	v (entl	1 1:5+	ed as		
Leaistere	d Age	V+:-	He is	NO.	
longer u	lorkina	for Th	15 (e.s	npanu	
We have	added	1	ew re	1	ve d
agent (K.	atherin	e Lemi	eux)	0.5	Sho
00 000	1 of	this	form.		
- 		_ , , , , , , , , , , , , , , , , , , ,	<u></u>		
····			<u> </u>		
 	·-· ·		.		
				· · · · · · · · · · · · · · · · · · ·	
					<u> </u>
			<u> </u>		177
					<u> </u>
fective date, if other than the da	te of filing:			(optional)	
nn effective date is listed, the date must be ote: If the date inserted in this block	does not meet the a	pplicable statutory	or more than 90 day filing requirement	s after filing.) Pur s, this date will	suant to 60 not be lis
ocument's effective date on the Depa	rtment of State's rec	ords.			
record specifies a delayed e		t not an effect	ve time, at 12:	:01 a.m. on t	the eari
The 90th day after the record	is filed.				
ned <u>Occember</u> 3	st . 20	18.			
Z	4	1.8 -			
	(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		tative of a member		

Page 3 of 3

Filing Fee: \$25.00