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18 AUG 20 PM 2: 3

FILED SECRETARY OF STATE DIVISION OF CORPORATION

N COOPER AUG 2 4 2018

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Commercial, Name of Lim	LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	He	TYPY Scholl	
		Commercial, LL	<u>C</u>
			102
	Boca D	Paton, FZ 33487 City/State and Zip Code oll & Schollpartners. Ca	
		oll & Schollpariners. Gotobe used for future annual report notif	
For further information co	oncerning this matter, please ca	all:	
јнојнојкноккк /	rvey Scholl	at (<u>361</u>) 445-8	000
Name of	t Persoyi	Area Code Daytime	· Telephone Number
Enclosed is a check for th	ne 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)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

26 Commercia	1,46	
•	pahy as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compan		and assigned SECRETARY OF SECRETARY OF SECRETARY OF CORPORATIONS 18 AUG 20 PM 2: 35
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	bility Company." the designation "Ll.C" or t	he abbreviation "L.L.C,"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		36
		ON CREATE
		구 (20 20 20
Enter new mailing address, if applicable:	-	
(Mailing address MAY BE A POST OFFICE BOX)		<u>> </u>
		35 <u>GF</u>
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		ater the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	aZin Code
	City	гир с оае

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>	<u>Name</u>	Address	Type of Action
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ffective date, if	other than the date of listed, the date must be spe	of filing:	prior to date of ti	ling or mone than 9	(optional)	Pursuant to 66)5 O2O
<u>iote:</u> If the date i	nserted in this block do ive date on the Departm	es not meet the a	pplicable statut				
	fies a delayed effer after the record is		t not an effe	ctive time, at	12:01 a.m. (on the earl	lier o
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Page 3 of 3

Filing Fee: \$25.00