Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000312364 3)))



H180003123643ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: STONE AND GERKEN, P.A. Account Name

Account Number ; I20090000097 Phone

: (352)357-0330

Fax Number

: (352)357-2474

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE BIG THREE OF CENTRAL FLORIDA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

 \bigcirc

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabil	lity Company as it now appears on our reco	rds.)
The Articles of Organization for this Limited Liability (Florida document number L18000129923	Company were filed on May 24, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "Li	LC" or the abbreviation "I.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	<u>Q</u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our reco dress here:	rds, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	fress
		Florida
	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.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

H18000312364

Ô۶	÷	29.	201	12	ે.	44PM
V -	١.	1	7 '		, ,	77111

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u> David E Feiner	Address 2020 Oakley Seaver Dr	Type of Action
MGR.		Clermont, FL 34711	Add
			■ Remove
MGR Kevin Nowicki	Kevin Nowicki	2020 Oakley Seaver Dr Clermont, FL 34711	□ Change
			Remove
			Change
			Add Table Remove
			Change
		□ Remove	
			□ Change
			D Add
			Remove
			Change
			П Ксточе
			□ Change

). If ame -	9. 2018 3:44fM H (COO) 3 (ZNo. 1143f P. 4 additional sheets, if necessary.)
-	
_	
-	
- , -	
-	23
-	
-	
-	
-	
-	
(If an ef Note:	October 26, 2018 Ive date, if other than the date of filing: (optional) (cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the tent's effective date on the Department of State's records.
If the re (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	October 26 , 2018
	Signature of a member or authorized representative of a member
	Scott A. Gerken, Attorney for Company Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

H1800031236H