1/8000/42397

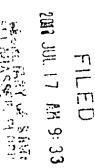
(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nam	e)
(D	ocument Number)	
Certified Copies	Centificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



200315954632

07/17/18--01009--001 **25.00



✓ SALY
JUL 1 7 2018

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: JOIN	S Field Sec	UCOS 11C	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	1	5	
	<u> </u>	Name of Person	
	J	C: 4 Saction	C
	1070	Field Service	<u></u>
	1 240		
	<u>6340 N</u>	10 216th 5+	
	_ 51Wke +	City/State and Zip Code Sol (a) Concil Com to be used for future annual report pot f	
	Jake 3	201/00 Grail, com	
	E-mail address: ()	to be used for future annual report notif	ication)
For further information co	ncerning this matter, please ca	ill:	
Jacob To	MS	at (904) 3641-7 Area Code Daytime	954
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
S25.00 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**

FILED
2011 JUL 17 AH 9: 33
MEDITS MARY TO THE

1 1 1	- 1 GMp
loms field	Sesuices
(<u>Name of the Limited</u>	SesuiceS d Liability Company as it now appears on our records.) A Florida Limited Liability Company)
The Articles of Organization for this Limited Lia	bility Company were filed on Lone 08, 2018 and assigned
Florida document number <u>L1800014.23</u>	97
- In the discontinuity - In the second secon	-1f ·
This amendment is submitted to amend the follow	wing:
A. If amending name, enter the new name of t	the limited liability company here:
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:
(Principal office address MUST BE A STREET	
Times of the management of the state of the	THE POLICE OF THE PROPERTY OF
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE B	OX)
•	
B. If amending the registered agent and/o	r registered office address on our records, enter the name of the ne
registered agent and/or the new registered offi	
Name of New Registered Agent:	
Name of New Registered Agent.	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Re	wistered 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 Type of Action Title <u>Address</u> <u>Name</u> MGR Jacob Toms 6340 NW 216th St, Starke FL WAdd □ Remove _ Change ____ Add _□ Remove _□ Change □ Add ☐ Remove _□ Change __ _ Add ☐ Remove __ Change _□ Add □ Remove

_____ Change

ADD EIN #	83-0830035	
		S. Carlon
		S. C. 4
		71
		-
		1.5 Te
<u>-</u>		
	· · · · · · · · · · · · · · · · · · ·	- -
ve date, if other than	the date of filing:(optional)	
If the date inserted in thi	must be specific and cannot be prior to date of filing or more than 90 days after filing.) Puris block does not meet the applicable statutory filing requirements, this date will	
ent's effective date on th	ne Department of State's records.	
ord specifies a dela	ayed effective date, but not an effective time, at 12:01 a.m. on	the earlie
90th day after the		the carne
5 ls 11/1		
1/17/18	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00