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## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H180002299553)))



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Division of Corporations

Pax Number : (850)617-6383

From:

Account Name : GUNSTER, YOAKLEY & STEWART, P.A.

Account Number : 076117000420 Phone : (561)650-0728 : (561)671-2527 Fax Number

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Corporate Filing Menu

Help B FIGUEROA Fax Audit No. H18000229955 3

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability	Company as it now appears on our . Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Co	ompany were filed on June 12, 20	and assigned
Torida document number 1.18000145018	<u>_</u> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	led liability company here:	
he new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	ESS)	
		£ 5
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		· · · · · · · · · · · · · · · · · · ·
		55 22 · ·
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	tered office address on our re ress here:	ecords, enter the name of tr
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	t address
		El and dia
	City	, Florida Zip Code

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

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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

Title	<u>Name</u>	Address	Type of Action
Member	John Pollard	1416 NW 179 Avenue	D Add
		Pembroke Pines, FL 33029	□ P.umaya
			- □ Change
Member	Sandra Pollard	1416 NW 179 Avenue	Add
		Pembroke Pines, FL 33029	☐ Remove
			Change
			Add
			Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	Add
			Remove
			□ Change
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			☐ Remove
			☐ Change

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Dated Augus	81 7		. <u>2018</u>	//			
_		Signature of a	Anomber of outho	nzed representativ	e of a member		<del></del>
	ohn Pollard, Member						

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