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AGISO 14 - SCALLA INTERVISIONS

18 AUG 24 AM 8: 45

2018 AUG 24 AH 9: 20

M. MILLIGAN AUG 24 2018

COVER LETTER

Division of Cor			
SUBJECT:			
	Name of Lim	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:	
	Genes	S The Care Name of Person	LLC
		Firm/Company	
		Address	
	Contactus (a) E-mail address: (City/State and Zip Code QLNES STEECA FR 16 He used for future annual report notif	
For further information c	oncerning this matter, please ca	all:	
Name of Person		at () Area Code Daytime	: Telephone Number
Enclosed is a check for the	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)
	ING ADDRESS:	STREET/COURI Registration Sectio	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2016 AUG 24 AM 9: 20

		25.00
(Name of the Limited Liability (A Florida	Y Company as it now appears of Limited Liability Company)	L LOCAHASSE FLOSING
The Articles of Organization for this Limited Liability Co	ompany were filed on/	10112018 and assigned
Florida document number <u>L 18000163</u>	593	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here	:
The new name must be distinguishable and contain the words "Limi	in distribution d'announce " she doci	mation "LLC" or the abbraviation "LLC"
The new name must be distinguishable and contain the words. Limit	ned Liability Company, the desig	mation bee of the aboveviation blele.
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	4-111	
B. If amending the registered agent and/or registered agent and/or the new registered office additional agent.		ur records, enter the name of the new
registered agent and/or the new registered office addi	less here.	
Name of New Registered Agent:		
range of New Registered Agent.		
New Registered Office Address:	Futer Florida	street address
	Lines I torida	
	City	, Florida Zip Code
	Cary	zip cone

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 Type of Action Address Title Name MGR Adam P. Hyslop Remove MGR Thomas W. Hyslop III 6306 Victoria Park Cf Kada Jax FL 32216 - Remove MGR Flage S. Hyslop 4326 Victoria Park CR. XAdd Jax FL 32216 - Remove ☐ Change MGR Mindy R. Hyslop 2320 Mills Ct. XAdd Jax FL 32216 - Remove □ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

□ Change

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m effective ote: If th	date, if other than e date is listed, the date ne date inserted in the s effective date on the	e must be specific a is block does not	nd cannot be prior to t meet the applica	o date of filing or mo ble statutory filing	(option re than 90 days after f requirements, this	iling.) Pursuant to	605.0207 (listed as t
	I specifies a dela th day after the			an effective ti	me, at 12:01 a.	m. on the ea	arlier of:
ted S	124/20	18	_ ,	_ ·			
	P1)	(7)					N 3
-	House	Signature of	amember difauthor	ized representative of	of a member		2018 AUG 24

Page 3 of 3

Filing Fee: \$25.00