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R. WHITE. FEB 1 8 2019

COVER LETTER

TO: Registration Section

DIVISION OF COL	pot ativits		
SUBJECT:	RCLT CUI	ERHONT LLC ited Liability Company	
	Amendment and (ee(s) are sub	-	
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	KISS() LICHARD 6 E-mail eddress:	City/State and Zip Code City/State and Zip Code Code	ENTER COM
For further information c	oncerning this matter, please co	nii:	
Dicarre o	CAR PENTIER'I	at (4)7 433 Area Code Daytim	EQ6/ ne Telephone Number
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\$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)
Registr Divisio P.O. B	ING ADDRESS: ation Section on of Corporations ox 6327 ussee, FL 32314	STREET/COUR! Registration Section Division of Corpor Clifton Building 2661 Executive Co	on rations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Q	CLT CLERNO	· T	
(Name of the Limit	ted Liability Company as it now an	nears on our records.)	7Atarra.
	(A Fiorica Clinitica Clability Compa	ny)	SEPPER
he Articles of Organization for this Limited Li orida document number	iability Company were filed on	7 24 2018	and assigned
orida document number L 18000	177613.		"MAGGEE,
his amendment is submitted to amend the follo	owing:		
. If amending name, enter the new name of	the limited liability company	y here:	
ne new name must be distinguishable and contain the w	ords "Limited Liability Company," t	he designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applica	able:		
rincipal office address MUST BE A STREE	T ADDRESS)	-	
		· · · · · · · · · · · · · · · · · · ·	
nter new mailing address, if applicable:			
	RAY)		
<u>lailing address MAY BE A POST OFFICE I</u>	<u></u>		
If amending the registered agent and/o	or registered office address	on our records, ente	r the name of the ne
	or registered office address	on our records, ente	r the name of the ne
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If amending the registered agent and/o gistered agent and/or the new registered off Name of New Registered Agent: New Registered Office Address:	City Registered Agent: d agent and agree to act in the er and complete performance stered agent as provided for it registered office address, I he	Florida street address Florida Florida is capacity. I further a of my duties, and I am n Chapter 605, F.S. Or	Zip Code gree to comply with the familiar with and r, if this document is
If amending the registered agent and/ogistered agent and/or the new registered off Name of New Registered Agent: New Registered Office Address: We Registered Agent's Signature, if changing Reserved accept the appointment as registered ovisions of all statutes relative to the propercept the obligations of my position as registing filed to merely reflect a change in the reserved.	City Registered Agent: d agent and agree to act in the er and complete performance stered agent as provided for it registered office address, I he	Florida street address Florida Florida is capacity. I further a of my duties, and I am n Chapter 605, F.S. Or	Zip Code gree to comply with the familiar with and r, if this document is
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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

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>Anbl</u>	HURRY J. COLEMAN	123 REGINGS WAY	Ndd
		CLERMONT FL 34711	□ Remove
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fect	ive date, if other than the date of filing: (optional)
an cfi	ive date, if other than the date of filing: (optional) fective 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 605.020
ULC.	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a tent's effective date on the Department of State's records.
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rei	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
The	90th day after the record is filed.
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ated	Signature of a member of authorized representative of a member
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ated	Signature of a member of authorized representative of a member (ATATOTICAL)

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