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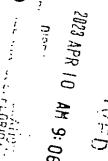
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Negistration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

Division of Cor	porations				
SUBJECT:	Jun A ford 1 h) e f	(LSULE 1) AS Wind (ited Liability Company _	d Tree Sr	VC.LLC	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	William B	Name of Person			
	 	Firm/Company			
	830 Ch	urch St. L.H.		SECRE STAL	23
	Hymes (City/State and Zip Code	33844	TARY C	10 NH 9: 33
	t-mail address (haska 1980 6 1/3 to be used for future annual r fron ithaska 1980	hoo. com report notification)		9: 33
For further information c	oncerning this matter, please ca	all: Jungling Marging	1	tu.	
William I Name o	B (Mu)	at (<u>\$\langle 3\langle 3\rangle 3\rangle 1</u>)	212 - 00 Daytime Telephor	1 ₃ ne 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 encl		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	
Mailing Addres Registration S	Section		tion Section		
Division of C	огрогацииз	DIVISIO	i of Corporation	119	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tallen Alloyda hile Massure Marme of the Limited Liability Compa (A Florida Limited)	JAShing & TIEF STVC. Liny as it now appears on our records.) Liability Company)	LC
The Articles of Organization for this Limited Liability Company Florida document number 18000201799	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab To flood of Test Syvi. LLC The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		e abbreviation "L.L.C." LH. 11 33844
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	830 Church St. Haines City, Fli	LH. 2011 33844
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	R 10 MM 9: 33 R 10 MM 9: 33
	, Florida	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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member **Title Address** Type of Action Name ___ □Add □Remove □ Change ☐Remove Change □Remove

		
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Effective date, if other than the date of filing:	oot be prior to date of filing or more than 90 days after filing.) Pursuan	unt to 605.0207
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's	the applicable statutory filing requirements, this date will not seconds.	t be listed as
ne record specifies a delayed effective date, but not an efford is filed.	effective time, at 12:01 a.m. on the earlier of: (b) The 90th of	day after the
A 19	7,7.7	
Dated HOCH . 2	<u> 1623</u> .	
Youth from		,
Signature of a member	per or authorized representative of a member	
[Dilliam B Co	((w))	

Filing Fee: \$25.00