## L18000208592

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T. SCOTT



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18 SEP 10 FR 2: 41

ON SEP TO PH 2: 28 SECRETARY DUSTY 18 SEP 10 PH 2: 41

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our red Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Compar Florida document number 4800358	ny were filed on $8/3$	□/20/8 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited line.  The new name must be distinguishable and contain the words "Limited Lia	<u> </u>	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	•	201
(Principal office address MUST BE A STREET ADDRESS)		ZZ S
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		P O PM 2: 29
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our red ere:	cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
<u> </u>		_, Florida
	City	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, 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	
		-	□ Remove	
			Change	
<del></del>				
		□ Remove		
			Change	
		☐ Remove		
		Change		
		Add		
		Remove		
		-	□ Change	
		Add		
			☐ Remove	
		□ Change		
			□ Remove	
			Change	

D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note	ctive date, if other than the date of filing:
If the r (b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: see 90th day after the record is filed.
Date	o Stoteman 6. 2018
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

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Filing Fee: \$25.00