L18000221973

(D.		
(RE	equestor's Name)	
	ldress)	
(00	iuless)	
(Ar	idress)	
(* .5		•
(Ci	ty/State/Zip/Phone #	<u>)</u>
PICK-UP	☐ WAIT	MAIL
•		
(Bi	usiness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
		}
<u> </u>		

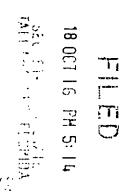
Office Use Only



200319753192

10/17/18--01053--024 **25.00

OCT 16



OCT 2 9 2018 T SCHROEDER

COVER LETTER

Div	ision of Corp	oorations		
SUBJECT:	3950 Lionh	eart, LLC		
Sobster.		Name of Limi	ited Liability Company	
The enclosed	I Articles of z	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Jasmine Barkum		
			Name of Person	
			Firm/Company	
		3225 McLeod Drive, Suite	100	
			Address	
		Las Vegas, Nevada 89121		
			City/State and Zip Code	
		ra@andersonadvisors.com		
		E-mail address: (to be used for future annual report notifi-	cation)
For further in	nformation co	oncerning this matter, please ca	all:	
Jasmine Bar	kum		800 706-4741	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for th	e following amount:		
■ \$25.00 F	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)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3950 Lionheart, LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our record Limited Liability Company)	<u>(s.</u>)
The Articles of Organization for this Limited Liability Co	ompany were filed on 9/18/2018	and assigned
Florida document number L18000221973	 ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	PESS)	
		0
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	•	- P : 1
		7, 2
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		ls, enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:	Part Clarity and The	
	Enter Florida street addre	77
	, FI	lorida
	CIII	esp com

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
AMBR	Shearwater Place, LLC	1718 Capitol Ave.	Add
		Cheyenne, WY 82001	Remove
			☐ Change
AMBR	Shearwater Bay, LLC	1718 Capitol Ave.	Add
		Cheyenne, WY 82001	Remove
			Arild In
			D Change
			Add
		·	☐ Remove
			Change
		<u> </u>	Add
			□ Change
			Add
			□ Remove
			□ Change

	<u>.</u>					•
					_	•
						•
			· · · · · · · · · · · · · · · · · · ·			
						-
					18 0	
				<u></u>	ET 15	1
				.: 	· P	
				= 57	<u>. 2</u>	
-		<u> </u>				<u>-</u>
-						•
. Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in the document's effective date on the	must be specific and can is block does not meet	not be prior to date of the applicable stat	filling or more than 90 utory filing requirer	days after filing.) Purs	suant to 605 not be liste	5,0207 ed as
the record specifies a dela b) The 90th day after the	yed effective date record is filed.	e, but not an ef	fective time, at	12:01 a.m. on t	he earli	er o
		018				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00