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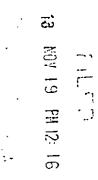
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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### **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: The	Stle & Gr Name of Limit	ted Liability Company	<del></del>
The enclosed Articles of A	mendment and fec(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Michael	Abbott Name of Person	
	Thistle	Firm/Company	
	105 W.	21st Street Address	
	Sanfor	- J FL 3277 City/State and Zip Code	7/
	Wike @ 466 E-mail address: (to	of the used for future annual report notific	cation)
For further information con	ncerning this matter, please ca	ll:	
Michael Name of	Abbott Person	at (321) 229- Area Code Daytime	6510 Telephone Number
Enclosed is a check for the	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)

MAILING ADDRESS:

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

lhistle +	Grain	<del>_</del> .,			
`	Florida Limited I	Liability Compo	my)		
The Articles of Organization for this Limited Liabil	lity Company	were filed or	n	? That the	and assigned
This amendment is submitted to amend the following	ng:	Legal	Zam.	Ihive	no other its
A. If amending name, <u>enter the new name of the</u>					
The new name must be distinguishable and contain the words	"Limited Liabi	lity Company,"	the designat	ion "LLC" or the	e abbreviation "L.I.; C)"
Enter new principal offices address, if applicable	e:				2
(Principal office address MUST BE A STREET A	(DDRESS)				7. 6
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BO.	<u>X)</u>				
B. If amending the registered agent and/or registered agent and/or the new registered office	<u>address her</u>	<u>e</u> :			
Name of New Registered Agent:	Mic	hail	At60	F1	
New Registered Office Address:	105	W. Z Ente	r Florida stre	teet vet address	
-	Santo	od Cim		, Florida	32771
		cuy			esp come

#### 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
			□ Add
			Remove
			☐ Atell
			(;) □ Remove
			Change
			Remove
			☐ Change
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			Change
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			Remove
			☐ Change

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<b>Sote:</b> If the date i	f other than the date of disted, the date must be speci inserted in this block does ive date on the Departmen	s not meet the applica	to date of filing or more that the statutory filing rec	(optional nan 90 days after filin quirements, this dat	g.) Pursuant to 605.020
The 90th day	ifies a delayed effect after the record is f	filed.		, at 12:01 a.m	. on the earlier o
rated	ovember 6	2018			
	Signatur	re of a member or autho	rized representative of a	member	
	•				

Page 3 of 3

Filing Fee: \$25.00