

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	To: Division of Corporations Fax Number : (350)617-6383	· ~2
	From: Account Name : MACMILLAN & STANLEY, PLLC Account Number : I20170000007 Phone : (561)276-6363 Fax Number : (561)276-8881	THE MARKED
	**Enter the email address for this business entity to be used annual report mailings. Enter only one email address plea Email Address: <u>+DM @Mac millan Stankey</u> , C	for future
PH 3:5	LLC AMND/RESTATE/CORRECT OR M/MG RES WARFIELD HOLDINGS, LLC	SIGN
2018 KOV 1 6	Certificate of Status0Certified Copy0Page Count01Estimated Charge\$25.00	T. CLINE NOV 19 2018 EXAMINER

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### COVER LETTER

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		oldings, LLC					
SUBJECT:		Name of Lim	ited Liability Company				
		Amendment and fee(s) are sub	_				
Please return a	all correspo	ondence concerning this matter	to the following:				
		Thomas M. Stanley					
			Name of Person		-		
		MacMillan & Stanley, PLI	LC				
			Firm/Company		-		
		29 NE 4th Ave	,				
			Address		-	20	
		Delray Beach, FL 33483				IN N	
		tom@macmillanstanley.com	City/State and Zip Code r.			91 AON PIGZ	
		E-mail address: (	to be used for future annual report not	fication)	Y GI		i FT
For further in:	formation o	concerning this matter, please c	ail:		FLO	AM 10: 0	C
					RIDA	:0	
	Name o	of Person	at () Area Code Daytim	ne Telephone Numbe	t		
Enclosed is a	oberl: for t	he following amount:					
<ul> <li>\$25.00 Fi</li> </ul>		Certificate of Status	Certified Copy	□ \$60.00 F Certifics	ate of Sta		
			(additional copy is enclosed)	Certifico (additiona	l Copy I copy is e	oclosed)	
	N# + 11	INCI ADDDESS.	STREET/COURI	IPD ANDRESS.			
	Regist	ING ADDRESS: ration Section on of Corporations	Registration Section Division of Corport	o <b>n</b>			
	P.O. B	ox 6327 assee, FL 32314	Clifton Building 2661 Executive Ce Tallahassee, FL 32	enter Circle			

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#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com	pany as it now appears on our records.) d Liability Company)	<u> </u>
(A Florida Limited	d Liability Company)	
The Articles of Organization for this Limited Liability Compan	ly were filed on November 6, 2018	and assigned
Torida document number18000260288	· · · ·	
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
he new name must be distinguishable and contain the words "Limited List	bility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		2018
Later new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		0 0
3. If amending the registered agent and/or registered of	office address on our records, <u>eote</u>	r the name of the
egistered agent and/or the new registered office address he	<u>re</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, 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

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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

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Title	Name	:	Address		Type of Action
MGR	Daniel Warfield Johnson		221 NW 17th Street Deiray Beach, FL 33444		Add
					🛛 Remove
					B Change
			<u>. p</u>		🗖 Add
			· · · · · · · · · · · · · · · · · · ·		Remove
					🗌 Change
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				0
Effective date, if other than the date of filing:		(opti	onal)	
If an effective date is listed, the date must be specific and cannot be p <u>Note:</u> If the date inserted in this block does not meet the ap document's effective date on the Department of State's reco	plicable statutory filin	fore than 90 days after ig requirements, thi	t filing.) Pur s date will	not be listed as
he record specifies a delayed effective date, but The 90th day after the record is filed.	not an effective	time, at 12:01 :	a.m. on t	the earlier of
Devid November 16 2018				
Dated Morentee 10, 2000	·		_	
Signature of a member or	authorized representativ	e of a member	~	
Daniei Warfield Johnson				
Typed or	printed name of signee			
·I	age 3 of 3			

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Filing Fee: \$25.00

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