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(R	equestor's Name)	
(A	ddress)	·
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(C	ity/State/Zip/Phon	e #)
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(D	ocument Number)	
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ARTICLES OF ORGANIZATION **OF**

	City	Zip Code
		, Florida
New Registered Office Address:	Enter Florida	street address
Name of New Registered Agent:		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		ur records, <u>enter the name of the n</u>
		A, FL 34470
(Mailing address MAY BE A POST OFFICE BOX)	AFI	1 6 3 (1/20)
Enter new mailing address, if applicable:	297 1	E. FI. KING ST
Enton nom mailing address if analisable	- U.17- i	F FT KING CT
(Principal office address MUST BE A STREET ADDRESS)	DCALA	FL 344+0
Enter new principal offices address, if applicable:	3447E.	FT. KING ST #110
The new name must be distinguishable and contain the words "Limited Liability		
A. If amending name, enter the new name of the limited liabil	lity company here	:
This amendment is submitted to amend the following:		
Florida document number <u>L 18000273532</u> .		
The Articles of Organization for this Limited Liability Company v	were filed on1	1/27/2018 and assigned
(A Florida Limited Li	iability Company)	- Arr
(Name of the Limited Liability Compan (A Florida Limited Li		n our records.)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with th 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	JOHN LEWIS HEINBOCKE	L 950 ISLANDER AVE	🄀 Add
		ORLANDO, FL 32825	- □ Remove
			Change
AMBR	RACHEL LEIGH HEINBOUK	2 3447 EAST. FT. KING ST	
		APT #110	Remove
		OCALA, FL 34470	Change
			Remove
			Change
			_D Add
			Remove
			Change
	· · · · · · · · · · · · · · · · · · ·		_□ Add
			Remove
			Change
	 		_D Add
			_□ Remove
			_□ Change

Fffec	tive date, if other than the date of filing: (optional)
If an e	Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docui	nent's effective date on the Department of State's records.
he re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 2 90th day after the record is filed.
1110	s sour day after the record is filed.
_	
Dated	25 August 2019 . 2019
	1.1/1 A 1/ //2 Ch /
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member
	JOHN A. HEINBOCKA Typed or printed name of signee
	The description of the second

Page 3 of 3

Filing Fee: \$25.00