1/15/2019

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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Division of Co	-norations		
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	: (850)617-6383		2019
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Account Name	: REGISTERED AGENTS INC.	3.5 c	
Account Number	: 120090000081		ۍ:
Fax Number	: (855)330-1010	- <u>_</u> _ 	$\overline{\mathbb{R}}$
		— <i>"</i> n	œ
	Account Name Account Number Phone	Account Name : REGISTERED AGENTS INC. Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010	Account Name : REGISTERED AGENTS INC. Account Number : I20090000081 Phone : (307)200-2803

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EXAMINER

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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ited Liability Company as it now appears (A Florida Limited Liability Company)	
The Articles of Organization for this Limited I	liability Company were filed on $\frac{11}{2}$	/29/2018 and assigned
lorida document number L18000276363	·	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name o	of the limited liability company he	<u>ге</u> :
he new name must be distinguishable and contain the	words "Limited Liability Company," the de	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STREA		
	<u> </u>	J. J.
		€
Enter new mailing address, if applicable:		မျှင်းကြောင်း ကြောင်း
Mailing address MAY BE A POST OF FICE BOX)		
maning duaress SIAT DI. AT UST OFFICE	<u></u>	
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B. If amending the registered agent and registered agent and/or the new registered of	d/or registered office address on office address here:	our records, enter the name of the no
Name of New Registered Agent:	Northwest Registered	Agent, LLC.
New Registered Office Address:	7901 4th St N STE 30	
		nda street address
	St. Petersburg	, Florida 33702
	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>	Name	Address	Type of Action
AMBR	Jacob Owens	3919 scurlock lane	
		Panama City, FL 32409	☐ Remove
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Effective date, if other than the date of fan effective date is listed, the date must be spec Note: If the date inserted in this block doe document's effective date on the Departme	ific and cannot be prior to s not meet the applicab	date of filing or more the statutory filing req	(optional)	Pursuant	to 605.02
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ne record specifies a delayed effec The 90th day after the record is	tive date, but not a filed.	an effective time	, at 12:01 a.m. o	n the	earlier o
Dated January 15	2018				
Dated Garrace J					

Page 3 of 3

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