L19000032755

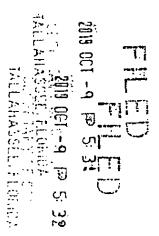
(Re	equestor's Name)	~
(Ad	ddress)	_
(Ad	idress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	TIAW	MAIL
(Bı	usiness Entity Nam	e)
(Dx	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



800334958238

14 mm - -- 01 117-- 04 - - ++25.50



L' LEMIEUX 001 2 8 2018

COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT: In	get GC Name of Lin	LLC nited Liability Company	
The enclosed Articles of Ame	ndment and fee(s) are sub	omitted for filing.	
Please return all corresponden	ce concerning this matter	to the following:	
_	Paui 2	73:11:1:ic~ Name of Person	
-	TArget	GC LLC Firm/Company	
	2456 r.	DE 27th Terr	
	Ft LAUd	City/State and Zip Code 11. Her O A CI Com to be used for future annual report notific	3305
_	bi	11. tier O Acl. Com	<u>. </u>
For further information concer			ation)
David Bill. Name of Person	tion	at (<u>951)</u> 873-38 Area Code Daytime	Celephone Number
Enclosed is a check for the foll	owing 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:

Ι,

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

TARget Go	Liability Company as it now apper Florida Limited Liability Company	FILED
(Name of the Limited (A	Liability Company as it now app Florida Limited Liability Company	ears on our records.)
The Articles of Organization for this Limited Liab	ility Company were filed on ₋	$\frac{1/31/261.7}{261.7}$ and assigned
Florida document number <u>L19000</u>	32.755	(ACLAHASSEE, FLOAIDA)
This amendment is submitted to amend the follow	ing:	
A. If amending name, <u>enter the new name of th</u>	e limited liability company	here:
The new name must be distinguishable and contain the word	s "Limited Liability Company," the	de designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable	e;	
Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO)X)	
3. If amending the registered agent and/or	registered office address	on our records, enter the name of the
egistered agent and/or the new registered offic	e address here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter F	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

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	Prew Proncan	10258 Hunt Club LA	
		10258 Hunt Club Ln Palm Beach Gardens Fluida, 33418	□ Remove
		Fluida, 33418	Change
			🗆 Add
			□ Remove
			Change
			Remove
			Change
			O Add
			Remove
			Change
			□ Add
			□ Remove
			Change
			Add
			Remove
			_□ Change

	
	
	
lf an effective <u>Note:</u> If the	ate, if other than the date of filing:
ne record The 90t	specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of h day after the record is filed.
Dated	10/6 2019
_	Signature of a member or authorized representative of a member
	DAVID Billitier Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00