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(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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COVER LETTER

Division of Corporations			
SUBJECT: JOHN	C. ABNE &	DARFENTRY CALL	
The enclosed Articles of Amendmen	it and fee(s) are subr	mitted for filing.	
Please return all correspondence con	cerning this matter t	to the following:	
	RIS TYPE	Name of Person)
Je	HNC. APA	SEL CHAFUTIA	uc_
110	19 DRAW	Address	2019 APR
Por	JAMA C	CityState and Zip Code	7019 APR 30 PH 2: 2:
_ br	n 261 da E-mail address (t	o be used for future annual report notif	fication)
For further information concerning t	his matter, please ca	all:	
Tas Tyreve Name of Person	OBELTS .	at (92%) 205- Area Code Daytime	1549 e Telephone Number
Enclosed is a check for the following	g amount:		
	00 Filing Fee & tificate 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 ADDI	RESS:	STREET/COURI	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

JOHN C	2 ABNEY CARPENTER GLC.
(<u>Name of the Limited</u>	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)
The Articles of Organization for this Limited Lial	ability Company were filed on 02-05-201 and assigned
Florida document number <u>L:1900</u>	
This amendment is submitted to amend the follow	wing:
A. If amending name, enter the new name of t	the limited liability company here:
The new name must be distinguishable and contain the wor	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:
(Principal office address MUST BE A STREET	TADDRESS)
Enter new mailing address, if applicable:	9 AP
(Mailing address MAY BE A POST OFFICE B	30X) 3 F27
B. If amending the registered agent and/or registered agent and/or the new registered offi	or registered office address on our records, enter the name of the rice address here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature if changing Re	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with t 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, hame, and address of each person being aut or removed from our records: MGR = Manager AMBR = Authorized Member **Type of Action Address** <u>Title</u> Name INSTYPENERORED 1109 Name for
Paparaling Fromos □ Add Remove ☐ Change بنحد □ Add ☐ Remove ☐ Change □ Add ☐ Remove □≌hange . ∴_Ghange □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

_	We ARE JAKEND A MEMBER OFF THRE	
_	LIST BECAUSE OF WOTSTICS. I PUS TYPENE ROBERTSON WILL BE STATETUL HER	
_	ROBERTSON WILL BE STATUTUL WER	
_	CARRER AKROSS THR U.S. TO ARIZONA.	
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	2019 APR 30	APP
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_	7. P.	΄.
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(If an effe <u>Note:</u>	ve date, if other than the date of filing:	.0207 (3)(ed as the
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	er of:
Dated _	04-30-2019.	
	Signature of a member or authorized representative of a member	
	Toped or printed name of signee	

D. It attending any other information, enter change(s) here. (Maden dadational sweets, if necessary,)

Page 3 of 3

Filing Fee: \$25.00