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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJI	Witcher's H			
20001	:CI:		ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Patrick Witcher		
			Name of Person	
		Witcher's Haven, LLC		
			Firm/Company	
		10990 Fort Caroline Rd 35	0113	
			Address	
		Jacksonville, Fl. 32235		
			City/State and Zip Code	
		patrickaw24@gmail.com		
		E-mail address: (to be used for future annual report no	otification)
For fur	ther information c	oncerning this matter, please co	all:	
Patric	k Witcher		434 4267496	
	Name o	f Person	at () Area Code Dayt	ime Telephone Number
Enclos	sed is a check for th	ne following amount:		
≡ \$2	5.00 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:

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

Witcher's Haven, LLC		
(<u>Name of the Limited Liab</u> (A Flor	bility Company as it now appears on our records. rida Limited Liability Company))
The Articles of Organization for this Limited Liability Florida document number L19000045345	Company were filed on 02/14/19	and assigned
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
		75 TO
he new name must be distinguishable and contain the words "I.	.imited Liability Company," the designation "LLC"	or the abbreviation 1. L.C.
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	DRESS)	THE TO
Enter new mailing address, if applicable:		0,40,4 0,40,4
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered agent and/or the new registered office ag	0	enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Siles i an ad Siles talaress	
-	, Flor	
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Patrick A Witcher	10990 FORT CAROLINE RD 350113	■ Add
			☐ Remove
			Change
			□ Remove
			☐ Change
			_ Add
			Remove
			Change
			Add
			□ Remove
			Change
		Remove	
			☐ Change
			Remove
			□ Change

E. Effective date, if other than the date of filing: [(optional)] (If an effective 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 (3)th Notes: [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:	D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing: (If an effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)th Note: (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. (If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.	
E. Effective date, if other than the date of filing:	
E. Effective date, if other than the date of filing:	
F. Effective date, if other than the date of filing:	
E. Effective date, if other than the date of filing:	
E. Effective date, if other than the date of filing:	
E. Effective date, if other than the date of filing:	
F. Effective date, if other than the date of filing:	
E. Effective date, if other than the date of filing: (Optional) (If an effective 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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.	
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Dated 3/25/2019. Belinda Witcher Signature of a member or authorized representative of a member	If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Belinda Witcher Signature of a member or authorized representative of a member	Dated $\frac{3/25}{2019}$.
Signature of a member or authorized representative of a member	Belinda Witcher
Belinda Witcher	

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Typed or printed name of signee

Filing Fee: \$25.00