## 1190000 83090

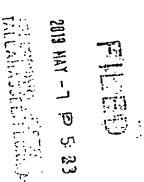
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U5/U7/19--U1U21--U17 ★+25.U3



T. Company

## **COVER LETTER**

TO:

	Registration Se Division of Cor					
SUBJEC		velopment of Marion County L	LC			
SUBJEC	Name of Limited Liability Company					
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		Martin Ryan				
		American Tax and Financi	Name of Person al Group LLC			
		2801 SW College Rd Ste 2	Firm/Company B Box 25			
		Ocala FL 34474	Address			
		martin@atafg.com	City/State and Zip Code			
For furth	er information c	E-mail address: ( oncerning this matter, please ex	to be used for future annual r <del>ope</del> rt notif ill:	ication)		
Martin R	Ryan		352 274-9995 ar ()			
	Name o	f Person	Area Code Daytime	e Telephone Number		
Enclosed	Lis a check for th	ne following amount:				
■ \$25.0	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)		
	Registr Divisio	ING ADDRESS: ation Section on of Corporations ox 6327	STREET/COURI Registration Sectio Division of Corpor Clifton Building	n		

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pioneer Development of Marion County LLC		(-1 <u>P 5 23</u>	
Pioneer Development of Marion County LLC  (Name of the Limited Liability Compa (A Florida Limited I	ny a <u>y it now appe<b>si</b>kidn ving</u> Jability Company)	records.)	
	STOR	reactive to the control of	
The Articles of Organization for this Limited Liability Company  L19000083090	were filed on AAREMA	and assigned	
Florida document number L19000083090			
		•	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
		at t /m - d d.h lat. a 91 1 f . 9	
The new name must be distinguishable and contain the words "Limited Liabil			
Enter new principal offices address, if applicable:	11055 W HWY 40 PM!	3 233	
(Principal office address MUST BE A STREET ADDRESS)	OCALA, FL 34482		
1 They have the control of the contr			
		<del></del>	
Enter new mailing address, if applicable:			
-			
(Mailing address MAY BE A POST OFFICE BOX)			
· · · ·			
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our : <u>e</u> :	records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stre	et 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>	<u>Address</u>	Type of Action
AMBR	John Cusimano		
		13120 SW 60TH LANE RD OCALA, FL 34482	Remove
			□ Change
AMBR	Julie K Short	11055 W HWY 40 PMB 233 OCALA, FL 34482	<b>∃</b> Add
			Remove
			Change
			☐ Remove
			Change
			🗖 Add
			Remove
			Change
			Add
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			□ Remove
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<u>Note:</u>	ive date, if other than the date of filing:
) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	MAY 3 <sup>RD</sup> . 2019.

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00