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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	
(De	ocument Number)	_
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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CORPORATE ACCESS, ___

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassec, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

		PIC	CK UP:	5/30 LAUREN		
		CERTIFIED COPY				
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COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Division of C						
	OOD PROPERTIES, LLC					
SUBJECT:	Name of Lin	nited Liability Company				
The analoged Artisles	of Amendment and fee(s) are sul	hmitted for filing				
	pondence concerning this matter	-				
	Fred N. Roberts, Jr.					
		Name of Person				
	Klein & Klein, LLC				2019	
		Firm/Company			2. V.	
	40 SE 11th Avenue				2019 MAY 3.0	
		Address		· · · · · · · · · · · · · · · · · · ·	ħU.	<u>۔ رہ</u>
	Ocala, FL 34471				<u>အ</u> သ	
		City/State and Zip Code				
	don@caprisonline.com			_		
For further information	E-mail address: (concerning this matter, please c	(to be used for future annual reportable)	ort notification)			
Fred N. Roberts, Jr.	, , , , , , , , , , , , , , , , , , , ,	352 732-7	750			
Name	e of Person	at () Area Code I	Daytime Telephone Numb	ber	_	
Enclosed is a check for	the following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose		Filing Facate of Second	Status d	&
MAI	LING ADDRESS:	STREET/C	(addition	nal copy is	enclose	:d)
Regis	stration Section sion of Corporations	Registration Division of (Section			

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

LYNNWOOD PRO	
(Name of the Limited Liability Company as it no (A Florida Limited Liability C	ow appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were file Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	npany here:
The new name must be distinguishable and contain the words "Limited Liability Compa	any," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	R 4
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address here:	iress on our records, enter the name of the r
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
City	Zip Code

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 adder or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JOHN INTERIAN	1401 NW 27th Avenue Ocala, FL 34425	
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			Change
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(If an e <u>Note:</u>	May 9, 2019 tive date, if other than the date of filing:	(3)(t the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.	:
D-4	May 15 2019	
Dated	· · _ · _ ·	
Dated	$^{\prime}\lambda$	
Dated	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00