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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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C. GOLDEN JUN 2 5 2019

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Vear Journ Dave LC Name of Limited Liability Company |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Clifford D Rockey Jr Name of Person |
| Tear Dawn Dave UC Firm/Company |
| 3015 Wh St Ct E |
| Bradenton F1 34208 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Dow'd Rodkey at (407) 697.1697 Name of Person at (407) Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee Solution Sol |

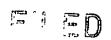
MAILING ADDRESS:

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

STREET/COURIER ADDRESS: Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 JUN 12 PM 5: 08 Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 5/2019 Florida document number 619000134672 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida _

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

or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> <u>Address</u> Type of Action Clifford David Rodkey Jr 3015 11th St Ct & DAdd
Fradenton Fl 342DB ☐ Remove ☐ Change Christine Rodky 3015 11th St Ct E Bradenton F1 34208 ☐ Remove 🔁 Change □ Add ☐ Remove □ Change _□ Add □ Remove ☐ Change ☐ Remove ☐ Change □ Add ☐ Remove

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

Change

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| If an effective date is lis Note: If the date ins | her than the date of filir ted, the date must be specific ar erted in this block does not date on the Department of | nd cannot be prior to date of meet the applicable statu | (o filing or more than 90 days a tory filing requirements, | ptional) after filing.) Pursuant to 605,020 this date will not be listed a |
| | es a delayed effective fter the record is filed | | ective time, at 12:0 | 1 a.m. on the earlier o |
| Dated | 6/5 | - 2019 . Okey | | |
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Page 3 of 3

Filing Fee: \$25.00