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| Special Instructions to | Filing Officer: | |
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COVER LETTER

| Division of Corporations |
|---|
| SUBJECT: SCHOOL RESTANDS LLC 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: |
| Name of Person Early Couch Fentals LLC |
| Firm/Company Address |
| City/State and Zip Code City/State and Zip Code Check of Court + 11 0 cym (i) (O) E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Name of Person at (2009) 392-6426 Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: \$\sum \text{S25.00 Filing Fee} \sum \$\sum \text{\$\sum \text{\$\sin \text{\$ |
| Certificate of Status Certificate of Status (additional copy is enclosed) Certificate of Status & Certificate of Stat |
| MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section |

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

Registration Section

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (<u>Name of the Limited Elability Compar</u> (A Florida Limited L | <u>nny as it now appears on our records.)</u> Liability Company) | |
|--|---|-------------|
| The Articles of Organization for this Limited Liability Company Florida document number | were filed on $\frac{7/5/17}{6}$ and assigned | d |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabi | pility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabil | ility Company," the designation "LLC" or the abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | | <u></u> |
| (Principal office address MUST BE A STREET ADDRESS) | 714-ton GP 31794 | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | SLOOI HALL AME | |
| [Mulling dudress MAT BL AT OST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | | <u>her</u> |
| Name of New Registered Agent: | | 1 |
| New Registered Office Address: | Enter Florida street address | <u> </u> |
| | , 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 1 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

| MGR = M $AMBR = A$ | lanager Authorized Member | | |
|--------------------|------------------------------|---------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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