## L19000 196 770

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	#)
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## **COVER LETTER**

TO: Registration Secti Division of Corpo			
suвлест: <u>Dry</u>	gap Pike U	Cited Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing	
	ence concerning this matter	_	
	Bria	n D James Name of Person	<u>S</u>
		Firm/Company	
	PO BO	X 120722 Address	<del></del>
	<u>melbou</u> biamess	city/State and Zip Code  SSE amail. Code to be used for future annual report notific	Z OM
For further information cond	E-mail address: () cerning this matter, please co		cation)
Brian S	James	at ( <u>407)</u> <u>733</u> Area Code Daytime	· SSS S Telephone Number
Enclosed is a check for the t	following amount:		
S25.00 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

Dry gap p	ike LLC	
( <u>Name of the Limited Lability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L190001947</u> 77		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		15 19 19 19 19 19 19 19 19 19 19 19 19 19
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable:		S 26 PH
(Mailing address MAY BE A POST OFFICE BOX)		1.02
		2 S
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		iter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid:	1 Zin 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 Rogistered 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>	<u>Address</u>	Type of Action
mgr	Brian D. James	1148 OSbornect	🗹 Add
		Melbourne FL 32904	Remove
			Change
			Remove
			Change
			Add
			Remaye
		FLOOR DE CONTRACTOR DE CONTRAC	Change
			□ Add
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Tective date, if other than the date of filing:	(optional) ing or more than 90 days after filing.) Pursuant to 605.03
ote: If the date inserted in this block does not meet the applicable statutor reument's effective date on the Department of State's records.	ry filing requirements, this date will not be listed
·	
record specifies a delayed effective date, but not an effec	tive time, at 12:01 a.m. on the earlier
The 90th day after the record is filed.	
na cuch an ancic	
ned August 22 2019.	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00