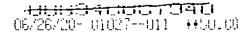
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SUBJEC		нјвем, LLC						
300011	· · · _		Name of Lin	nited Liability Company				
The encl	losed 2	Articles of Ai	mendment and fee(s) are sub	omitted for filing.				
Please re	eturn a	ill correspond	dence concerning this matter	to the following:				
			Michelove Jules					
	Name of Person							
			Marks Gray, P. A.					
	Firm/Company 1200 Riverplace Blvd, Suite 800							
				Address				
			Jacksonville, Florida 3220					
		City/State and Zip Code mjules@marksgray.com						
			· ·	to be used for future annual re	port notification)			
For furth	er inf	ormation con	cerning this matter, please c	all:			での開	
John R.	Crawi	ford		904 807-	2183		2026 1177 25	
		Name of P	erson	Area Code	Daytime Telepho	ne Number	- 37 C	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Enclosed	lisac	theck for the	following amount:				$\vec{z}_i = \vec{z}_i$	_
■ \$2 5.	00 Fil	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)		Certified C	of Status &	

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 10/04/2019 and assigned Florida document number 1.19000250878

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 "L.L.C."

Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)

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:

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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	Robert A. Shevlin	86 Forrestal Circle South	
		Atlantic Beach, FL 32233	=Remove
			Change
MGR	Heather A. Markaj	86 Forrestal Circle South	
		Atlantic Beach, FL 32233	□Remove
			□Change
			Remove
			—————————————————————————————————————
			☐Rémove-
			□Add
			□Remove
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record d is file	specifies a delayed ef ed.	fective date, but n	ot an effective	time, at 12:01	a.m. on the earl	ier of: (b) T	'he 90th day af	ter the
	(0/18)		2020	·				
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Filing Fee: \$25.00