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O SIMMONS JAN 29 2020

COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT: PINY	ICCL REALE Name of Limite	Exate ONWP	TCUC
The enclosed Articles of Ame	endment and fee(s) are subm	itted for filing.	
Please return all corresponde	nce concerning this matter to	the following:	
-	Mikel C	SOCALLY Name of Person	
		Firm/Company	
-	532 (ol	Oraclo Averyle	
	Stuart, 1	FC 34994 City/State and Zip Code	
-	MILE A SOCIAL E-mail address: (to	be used for future annual report notificati	on)
For further information conce			
Mikel C. S	Spraker	at (<u>772</u>) <u>463-69</u> Area Code Daytime Tel	ephone Number
Enclosed is a check for the fo	ollowing amount:		
\$25.00 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

(71 Florida Emilied E	manning Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L 1900266360</u> .	were filed on OC \ Ober 29, 2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile \(\sum_{\text{A}} \) The new name must be distinguishable and contain the worlds "Limited Liabili"	
·	yy Company. The designation EEC of the above viation E.E.C.
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 off registered agent and/or the new registered office address here	·
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address

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.

City

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>	Address	Type of Action
<u> YGR</u>	Michele L. Scherger	532 Colucado Ave	□ Add
		532 Colurado Ave Stuart, FL 34994	Remove
			Change
			□ Remove
			Change
			
			□ Remove
			Change
			□ Add
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			□ Change
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			Change
			□ Add
			_□ Remove
			□ Change

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an effecti lote: If	e date, if other than the date of filing:	
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.	of
ated	November 6. 2019.	
	November 6. 2019. Wisti Lel Signature of a member or authorized representative of a member	
	HYIST Lee Stewart Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00