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COVER LETTER

Registration Section

Division of Corporations

ΓO:

SUBJECT:	The Florida	Patio Company ted Liability Company	
	Name of Limi	ted Liability Company /	
The enclosed Articles of A	Amendment and fee(s) are subt	mitted for filing.	
Please return all correspor	idence concerning this matter t	to the following:	
	Faw	n Catlett Name of Person	
	- The F	lovida Patio Comp.	any
		Michael Edward	,
		City/State and Zip Code (NN) (2) (2) (2) (3) (3) (4) (5) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	
F . 6		•	ncation)
•	oncerning this matter, please ca	an:at (904) 517Area Code Daytim	4293
Name of	rerson	Area Code 17ayum	e retephone watmer
Enclosed is a check for th	e following 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 S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Callahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ARTICLES OF	AMENDMENT	^
	0	
	ORGANIZATION	1/2 / 1/2
)F	
The Florida Patio	Company LLC	records.)
(Name of the Limited Liability Comp (A Florida Limited	Liability Company)	· . · · · · · · · · · · · · · · · · · ·
he Articles of Organization for this Limited Liability Compan	y were filed on	/ 2020 and assigned
lorida document number <u>L 19 000 284019</u>	·	
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	oility company here:	
he new name must be distinguishable and contain the words "Limited Liab	ility 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)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		-
3. If amending the registered agent and/or registered office	address on our records,	enter the name of the new registered
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		, Florida
	City	, Florida Zip Code
lew Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
hereby accept the appointment as registered agent and ag	ree to act in this capacity	I further agree to comply with the
provisions of all statutes relative to the proper and complet	e performance of my duti	ies, and I am familiar with and
eccept the obligations of my position as registered agent as		
eing filed to merely reflect a change in the registered offic ompany has been notified in writing of this change.	z adaress, 1 nereny conju	т насте итнеа навину

If Changing Registered Agent, Signature of New Registered Agent

f amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u> [itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
NGR	Faun Callett	10702 Michael Ednard	□Add
		10702 Michael Ednard Ct, Jacksmuille, F1 32257	□Remove
			Wehange
			□Add
			□Remove
			□ Change
			□Add
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Note: 1	re date, if other than the cative date is listed, the date must f the date inserted in this blo nt's effective date on the De	ck does not n	neet the applica	o date of filing or mor ble statutory filing	e than 90 days after requirements, this	filing.) Pursuant to 605	5.0207 ied as
d is file					the earlier of: (b) The 90th day afte	er the
)ated _	March 10 th	;	2020	_·			
	CH,	10 B	~				
		Signature of a r	nember or author	rized representative of	f a member		