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SEARLANDSSEE, FL

COVER LETTER

FO: Registration Section Division of Corporations			•
SUBJECT: RECOURS	Name of Limited Liability Co	ompany	•
The enclosed Articles of Amendment and	fee(s) are submitted for filir	ıg.	
Please return all correspondence concern	ng this matter to the following	ng:	
Mic	nael R	MORGAN Person	
Rerol	1750 Fim/Co	Person e (5 L C	
1530	o W Co/	onial DR	A Page 150 名
W:NT	ER Gard City/State on	en FL 3	47 66 2 3
Mry	M 72/ 6 5	iture annual report notification)	
For further information concerning this m			
Wichael Name of Person	Morgan at 4	GOZ GODA Daytime Telepho	6 d 6 O
Enclosed is a check for the following am	ount:		
≦\$25.00 Filing Fee ☐ \$30.00 Fi Certifica	te of Status Certific	Filing Fee & Copy (all copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section		Street Address: Registration Section	

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

TO:

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

NECOURSE Et 7. (Name of the Limited Liability Company (A Florida Limited Lia	ess LL C
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company we Florida document number $\frac{L}{2}$ $\frac{2}{0}$ $\frac{0}{0}$ $\frac{5}{3}$ $\frac{3}{2}$ $\frac{0}{8}$	were filed on $\frac{12}{2}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability The new name must be distinguishable and contain the words "Limited Liability	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	SEC. T
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	RETARY OF STATE
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here:	Idress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida

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.

Citv

Zip Code

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
			□Remove
			□Change
			□Add
			□Remove
			☐Change
			SECRETARY OF STATE
			SEE STATE ON Add
			□ Remove
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