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· COVER LETTER

Division of Cor			
SUBJECT: Subject	PRISICLE LLC Name of Line		
	V Name of Lim	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jo	Name of Person	v i
		traine of reason	
		Firm/Company	
		UNCLE NICK	s Rd
	W.	City/State and Zip Code COO COMA o be used for future annual report notifi	102670
	JEM (A) E-mail address: (i	o be used for future annual report notif	St, net
For further information e	oncerning this matter, please ca	all:	
Janet Name o	Mari con	at (<u>774</u>) ZI Z Area Code Daytim	1043 OR 508 398-9545 e Telephone Number
Enclosed is a check for the	ne 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 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

	ORGANIZATION	20/10 1/2
C)F	138/2/0
Suefsido L	40	2017 SEP 18 PM 1:50
(<u>Name of the Lighted Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	50/50/
The Articles of Organization for this Limited Liability Company	were filed on 1/4/2005	and assigned
Florida document number <u>L 0500000 7.98</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or t	he 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)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
The registered office framess.	Enter Florida street address	
	, Florid	a
	City	Zip 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 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 = M $AMBR = A$	lanager .uthorized Member		
Title IGR	Name Janet MARiWi	Address 151A Bristal Ln Naples 7634112	Type of Action Add Remove
			Change
			□ Remove
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			ZAdd SEF Remove L
			P Charage
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(If an eff Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	x 9-13-17
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

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Filing Fee: \$25.00