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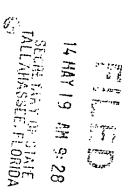
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COVER LETTER

TO:	Registration Sect Division of Corpo		18 (1.5) (1.5)	Survival for his
SUBJI	ECT:	Name of Limi	ted Liability Company	.LC_
The en	closed Articles of A	nendment and fee(s) are subr	nitted for filing.	
Please	return all correspond	lence concerning this matter t	to the following:	
			Name of Person	<u> </u>
			THAT EVELS (<u> </u>
		11 Ivon	y Gull Cresc	ELA
		Hm	nplow VA City/State and Zip Code	23664
		TOTAL EVE E-mail address: (i	o be used for future annual report not	QQ9mm/.com
For fu	ther information con	cerning this matter, please ca	ıll:	
	HW/ HA Name of F	OM/ Person	at (904) 233 Area Code Daytin	3-7744 ne Telephone Number
Enclos	ed is a check for the	following amount:		
\$2	5.00 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

13 to 18 00 0 to 11

	CUENTS LLC	
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liah</u>	ility company here:	
The new name must be distinguishable and end with the words "Limited Lial	oility Company," the designation "LLC" or the a	bbreviation "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 o registered agent and/or the new registered office address her		the name of the n
to her registered office address ner	<u>v</u> .	-
Name of New Registered Agent:		ALL SEL
		語書の
New Registered Office Address:	Enter Florida street address	0 1 mm
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	į	26
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I further ag performance of my duties, and I am j provided for in Chapter 605, F.S. Or,	ree to comply with t familiar with and if this document is

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Mar AMBR = Aut	nager horized Member		
Title AMBR	Name ANITA DMI	Address 3717 Coastal VIEW BACKSONUILLE, Pl32250	Type of Action Add Remove
<u>AMB</u> R	Thomas DMI	Hampton VA 23/06	Add Remove
MbR	Thomas Doll	Hampho, VA 23664	Remove
			□ Add □ Remove
		سما لف	Add Remove
			Add Remove

• •	PLEASE NOTE EIN on form
<u></u>	46-5436024
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	re date, if other than the date of filing: (optional) tive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
ine date	this document is filed by the Florida Department of State)
Dated _	
	this document is filed by the Florida Department of State) A 1 6 , 2014.
	May 16, 2014.

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