

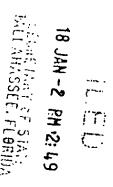
| (Requestor's Name) | |
|---|---------|
| (Address) | 90030 |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | 01/02/1 |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
| | |
| | |
| | |
| | |

Office Use Only



900307189379

01/02/18--01026--019 **30.00



JAN 03 2016 Y SULKER

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Distinctive Two [essions LLC] Name of Limited Liability Company |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Rhonda Sisi |
| Firm/Company |
| 2760 COPPER Reaf Dive |
| Navarre, Florida 32566 City/State and Zip Code |
| Distinctive Impressions 579 a google, com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Name of Person at (93) 408-8554 Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| □ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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

| Name of the Limited Liability (A Florida L. | Company as it now appears on our records.) imited Liability Company) |
|--|---|
| The Articles of Organization for this Limited Liability Cor Florida document number $L 1500006036$ | 1 / / |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limite | ed liability company here: |
| he new name must be distinguishable and contain the words "Limite | ed Liability Company," the designation "LLC" or the abbre lation "LLC." I |
| Enter new principal offices address, if applicable: <u>Principal office address MUST BE A STREET ADDRE</u> | 2760 copper loof Fritze Navarre, Florida 32566 |
| Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) | 2760 Copper Roof Drive Nivane, Florider 32566 |
| 3. If amending the registered agent and/or registe registered agent and/or the new registered office addre | red office address on our records, enter the name of the newest here: |
| Name of New Registered Agent: | orda Sisi |
| New Registered Office Address: | Open Keel Drive |
| Na | Varie Florida 32566 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 = Manager

AMBR = Authorized Member Type of Action **Title** Address Name 1 Rhonda Sisi 2760 Copper Reof Dr. Navarre Xadd MG-R FLurider 32566 Remove 17 Shady Lane DAdd Tommy L Young AMBR Mary Esther, Florida 32569 Remove ___Change Laphoud Sisi AMBR 2760 Copper Reof Drive X Add Navarre, Florida 3256 - Remove ☐ Change □ Add □ Change □ Add ☐ Remove _□ Change

| • | | |
|---|--|----------------|
| | | |
| | | |
| | <u>. </u> | |
| | | |
| | | |
| | | |
| | | |
| | <u></u> | |
| | | |
| | 3.2 | <u>5</u> |
| | isa ASS | . ₹ - |
| | in di | - TOP |
| | F & C & C & C & C & C & C & C & C & C & | Sp C |
| | 9 RID | - 6 |
| | | |
| | | |
| | | <u> </u> |
| | | |
| Tective date, if other than the date of filing: | | |
| e record specifies a delayed effective date, but not an effective ti The 90th day after the record is filed. | me, at 12:01 a.m. on th | e earlier |
| ated 12 28 . 2017 . | | |
| Signature of a member of authorized representative of | | |

Page 3 of 3

Filing Fee: \$25.00