1180000 82028

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	stration Session of Cor			
SUBJECT:	1901 W. 15	5th St. LLC		
SOBJECT:	· · · · · · · · · · · · · · · · · · ·	Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	onited for Olive	
		ndence concerning this matter	~	
		David Lovett		
			Name of Person	
		1901 W. 15th St. LLC		
		 -	Firm/Company	· · · · · · · · · · · · · · · · · · ·
		1918 W. 23rd St.		
			Address	
		Panama City, FL 32405		
			City/State and Zip Code	
		dwloveit@madhatterauto		
For further in:	formation co	m-mail address; (oncerning this matter, please of	to be used for future annual report notif all:	neation)
David Lovet			850 769-8061	
	Name of	Person	Area Code Daytimo	· Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 Fi	ling 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

(Name of the Lim	ited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)	
The Articles of Organization for this Limited I Florida document number L18000082028	Liability Company were 1	iled on <u>March 30, 2018</u>	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability co	mpany here:	
The new name must be distinguishable and contain the	words "Limited Liability Com	pany," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		91VIS
(Principal office address MUST BE A STRE	ET ADDRESS)		
	- · · ·		
Enter new mailing address, if applicable:			AM 8
Mailing address MAY BE A POST OFFICE	(BOX)	_	5 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
B. If amending the registered agent and registered agent and/or the new registered of		ddress on our records, <u>ente</u>	r the name of the
Name of New Registered Agent:	David Sweeney		
New Registered Office Address:	1901 W. 15th St.		
		Enter Florida street address	
	Panama City	, Florida <u>3</u>	12401
	Cu	<i>y</i> .	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	David Lovett	1901 W. 15th St.	
		Panama City, FL 32401	П.
			☐ Change
MGR	David Sweeney	1901 W. 15th St.	■ Add
		Panama City, FL 32401	□ Remove
			Change
			Add
			Remove
			☐ Change
			☐ Remove
			☐ Change
			□ Remove
			☐ Change
			
			□ Remove
			Change

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ective date, if other than tl	e date of filing:		<u> </u>	(optional)		
n effective date is listed, the date m te: If the date inserted in this	ust be specific and cannot b block does not meet the	e prior to date of fit annlicable statute	ling or more than 90 ory filing requirer	(days after filing.) Pu nents (this date wil	irsuant to 605 Lnot be list	5,020 ed ac
coment's effective date on the			.,			
record specifies a delay	ed effective date, b	ut not an effe	ctive time, at	12:01 a.m. on	the earlie	er o
he 90th day after the re	cord is filed.					
, June 14	2018					
ied direction						
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			sentative of a memb			

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Typed or printed name of signee

Filing Fee: \$25.00