

L18000 119 648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

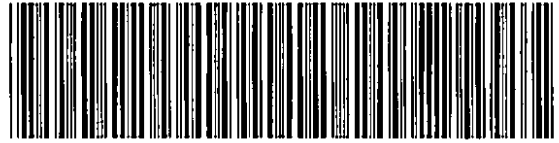
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 AUG 13 PM 6:50
S. YOUNG
AUG 15 2018
FALLAHASSEE, FLORIDA

COVER LETTER

To: Registration Section
Division of Corporations

SUBJECT: ADONIS PREMIER INDUSTRIES LLC
Name of Limited Liability Company

1. Enclosed Articles of Amendment and fees are submitted for filing.

2. We return all correspondence concerning this matter to the following:

Sara M Cunningham
Name of Person

ADONIS PREMIER INDUSTRIES LLC
Firm/Company

1005 W Hutton St. Pensacola FL 32501
Address

Pensacola FL 32501
City, State, and Zip Code

toplawnllc@gmail.com
E-mail address (to be used for future annual report notification)

3. Further information concerning this matter, please call:

Sara Cunningham at 509 425-970
Name of Person Area Code Daytime Telephone Number

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Enclose I a check for the 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
Clinton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ADONIS PREMIER INDUSTRIES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 5:00 on May 14, 2013 and assigned Florida document number L18000119648.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the 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)

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B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address

Enter Florida street address

City

Florida

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 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>	<u>Type of Action</u>
MGR	Sara Cavanaugh	Pensacola FL	<input type="checkbox"/> Add
		32501	<input type="checkbox"/> Remove
		1005 W Hutton st.	<input checked="" type="checkbox"/> Change
MGR	Tytus Kwintkowski	1005 W Hutton st.	<input checked="" type="checkbox"/> Add
		Pensacola FL	<input type="checkbox"/> Remove
		32501	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

Multiple horizontal lines for amending information.

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020(1) (3) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(a) The 90th day after the record is filed.

Dated June 29th 2018

Sara M. Cavanaugh
Signature of a member or authorized representative of a member

Sara Cavanaugh
Typed or printed name of signor