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PICK-UP	P WAIT MAIL
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Special Instructions	to Filing Officer:
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2019 FEB 25 AM 9: 50

R. WHITE MM 12 CH

# **COVER LETTER**

TQ: Registration Section Division of Corpo		•	
SUBJECT: <u>ŢĻĒ</u>	at Johns (	reck, LLC ited Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Olive Saro	O Pchand Name of Person	<del></del>
		Firm/Company	
	202 Old	Bluff Dr. Address	<u>.                                    </u>
	Ponte Ved	City State and Zip Code  City State and Zip Code  Chard Gagil.  To be used for future arrhual report notifical	
	Olive Saroo E-mail address: (1	o be used for future annual report notifical	Con_
or further information cond	cerning this matter, please ca	dt:	
Dive. Saroo Name of Po	pchand erson	at ( <u>904)</u> <u>460 –</u> Area Code Daytime Te	7376 Elephone Number
nclosed is a check for the f	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 **OF**

TLE at J	ohns cree ,	K, LLC	2019 FEB 25 A	H 9: 52
	Limited Liability Com (A Florida Limited	, , ,	TALL BUCK	ONTE FELFE
The Articles of Organization for this Limi	ted Liability Compan	y were filed on 🌊	ignyany 14, a	1019 and assigned
Florida document number <u>L 19 0000</u>	14737			
This amendment is submitted to amend the	e following:			
A. If amending name, enter the new na	me of the limited lia	bility company he	re:	
JC According 110	!			
The new name must be distinguishable and contain	n the words "Limited Lial	bility Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
Inter new principal offices address, if a	pplicable:		·	
Principal office address MUST BE A ST	TREET ADDRESS)			<del> </del>
		· 	<del>-</del>	
nter new mailing address, if applicable	e:	·		
tailing address MAY BE A POST OFF	FICE BOX)			
			•	<del></del>
If amending the registered agent			our records, ente	r the name of the new
istered agent and/or the new register	rea office address ne	ere:		
Name of New Registered Agent:	<del></del>			
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·			<del></del>
		Enter Flor	ida street address	
	<del></del>		, Florida _	
		City		Zip Code

## Registered Agent's Signature, if changing Registered Agent:

eby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the sions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and of the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability any has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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>	Address	Type of Action
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Iffective date, if other than the date of filing:  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 605.0207 (lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it occument's effective date on the Department of State's records.  Precord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed.  The square of a member of authorized representative of a member.  Olive Savaphad Typed or printed name of signee.		
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Filing Fee: \$25.00