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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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Name Release Affidavit

Signature

Shewed? (name of company) I would like to release the
I would like to release the

COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	MY	350 Rudals	46	
	Name of Lin	nited Liability Company		
The englosed Articles of	Amendment and fee(s) are sub	tu le en		
		-		
Please return all correspondence	ondence concerning this matter	to the following:		
	Denu	15 Bayette		
		Firm/Company		
	4008	W 24th St Address	·	2025 AUS 22
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	PC, FL	32435 City/State and Zip Code		
	ر د <i>الا</i> مه	City/State and Zip Code	· ·	PN 2:
	E-mail address: (to be used for future annual report notific	ation)	·
For further information of	concerning this matter, please c			ω,
Denvis	Posse	251	-467	
	f Person	at (\$60) OSSI Area Code Daytime	Telephone Number	
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	
Mailing Addres Registration S	Section	Street Address: Registration Sect		
Division of C P.O. Box 632		Division of Corpo	orations	
1.O. DOX 032	. 1	The Centre of Ta	lanassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MV 880 Reulal W.
(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 and assigned Florida document number
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: So Club Club
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) PC FC 33485
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) DC, FL 32405
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent: Downs Boyde New Registered Office Address: Downs Boyde Hoob Wall Hoob Enter Florida street address
City Florida 30.465

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

Title	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
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