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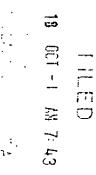
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 123 HOME RUN 110  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Earlene Bertrand
Firm/Company
POBOX 2733 Address
City/State and Zip Code  EARLENETAY @ Act. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Earlene Bertrand at (954) 801-5238  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Certificate of Status  Certificate of Status of Certificate o

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 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

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)  B. If amending the registered agent and/or registered office address on our records, enter the name of the page.	Name of the Lin	nited Liability Company as it now apper (A Florida Limited Liability Company	ears on our records.)	<del></del>
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 "LLC."  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)  B. If amending the registered agent and/or registered office address on our records, enter the name of the negistered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:    Address     Address     Address     Address   Ad			Oct 8, 2015	and assigned
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)  B. If amending the registered agent and/or registered office address on our records, enter the name of the negistered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:    Mailing address   Farlene Bertand	This amendment is submitted to amend the fo	llowing:		
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Muiling address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the negistered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:    Address   Address   Bertand	A. If amending name, enter the new name	of the limited liability company	<u>here</u> :	
New Registered Office Address: 13308 Amber 5kg Place  Enter Florida street address	The new name must be distinguishable and contain the	words "Limited Liability Company." the	designation "LLC" or the abbrevi	iation "L.L.C."
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the negistered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:    Address	Enter new principal offices address, if appli	icable:		دُ
B. If amending the registered agent and/or registered office address on our records, enter the name of the negistered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:    13308   Dec   Sky Place	(Principal office address MUST BE A STRE	ET ADDRESS)		<u> </u>
B. If amending the registered agent and/or registered office address on our records, enter the name of the negistered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:    13308   Dec   Sky Place		<del></del>	· ·	1
B. If amending the registered agent and/or registered office address on our records, enter the name of the negistered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:    Address	Enter new mailing address, if applicable:			
Name of New Registered Agent: Farlene Bertrand  New Registered Office Address: 13308 Amber Sky Place  Enter Florida street address	(Mailing address MAY BE A POST OFFICE	BOXi		<u> </u>
New Registered Office Address: 13308 Amber 5kg Place  Enter Florida street address	B. If amending the registered agent and registered agent and/or the new registered of	Vor registered office address office address here:	on our records, enter the	name of the new
Enter Florida street address	Name of New Registered Agent:	Earlene	Bertrano	<i>f</i>
Riverview Florida 33579	New Registered Office Address:	Enter Flo	orida street address	Vace.
		RIVERVIEW	Florida <u>33</u>	579 p 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. Thereby 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 Name Address Type of Action

MGR Earlene Bertrand PO Box 2333 Add

Mango FL 33550 Remove

AMBR Bruce Bertrand PO Boy 2233 Add

Mango FL 33550 Remove

Change

Change

Add

Add

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Effective date, if other than the diff an effective date is listed, the date must Note: If the date inserted in this bloc document's effective date on the Dep	be specific and can ak does not meet	not be prior to date of the applicable state	filing or more than 90 atory filing requirer	(optional) days after tiling, nents, this date	Pursuant to 605.0207 will not be listed as t
the record specifies a delayed The 90th day after the reco	effective date rd is filed.	e, but not an eff	ective time, at	12:01 a.m.	on the earlier of
Dated <u>Aeptember</u>	21. signature of a friend	2018 befor authorized repr	resentative of a memb	Ner .	***************************************
Earlene	Ber	Frand  befor authorized reprinted framed  ped or printed name of		oer .	

Page 3 of 3

Filing Fee: \$25.00