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SECRETARY OF STATE
ALL AHASSEE, FLORIDA

APR 17 2019
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Robert W. Fustin LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Robert W. Fustin Name of Person
Robert W. Fustin LLC Firm/Company
7675 Stack AVE.
PENSACOLA, Fl. 32514 City/State and Zip Code
Robert Fusting amail Com E-mail address: (to be used for Smarre annual report notification)
For further information concerning this matter, please call:
Robert W. Fustin at (850) 261-5522 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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

Robert W. Fustin (Name of the Limited Liability Compan (A Florida Limited Li	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L100007567</u> .4	were filed on <u>Tuly</u> , <u>2010</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	pility company here:
The new name must be distinguishable and contain the words "Limited Liabili Enter new principal offices address, if applicable:	ility Company," the designation "L.L.C" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)	PR TI
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	3. 3. S.
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida, Zip Code
New Degistered Agent's Signature if changing Degistered Agent-	

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>	Name	Address	Type of Action
AMBR	JESSE Hamilton	n 7675 Stark AVE.	Z Add
		PEnsacola, A. 32514	□ Remove
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			NRY OF STATE LORIDA
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effective date, if other than the date of filing: If effective date is listed, the date must be specific and cannot be prior to date of filing: If the date inserted in this block does not meet the applicable statuto ment's effective date on the Department of State's records.	ng or more than 90 days after filing.) Pun	suant to 605 not be liste
ecord specifies a delayed effective date, but not an effective date, but not an effective day after the record is filed.	tive time, at 12:01 a.m. on t	:he earlie
4-8-2019		
Roleed W. Austin Signature of a member or authorized representations		

Page 3 of 3

Filing Fee: \$25.00