L17000 103526

(Requestor's Name) (Address)	9003
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	04/22/
(Document Number) Certified Copies Certificates of Status	
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> MAY - 1 2019 I ALBRITTON

COVER LETTER

	NUMBERS	D/A, LLC		
SUBJECT:		Name of Limi	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please returi	n all correspo	ndence concerning this matter	to the following:	
		ALAN GAUNT		
			Name of Person	
		9605 CRESCENT GARDE	Firm/Company EN DR #101	
		NAPLES, FL 34109	Address	
		DEV@OLDSCHOOLSCRI	City/State and Zip Code PTS.COM	
		E-mail address: (to be used for future annual report notifica	ation)
For further i	information c	oncerning this matter, please ca	oll:	
ALAN GAI	UNT		239 565-6233 at ()	
	Name o	f Person	Area Code Daytime T	elephone Number
Enclosed is	a check for th	ne 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

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2061 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NUMBERS D / A, LLC		
(Name of the Limited Liability Company as (A Florida Limited Liabil	it now appears on our records.) ity Company)	
The Articles of Organization for this Limited Liability Company were	e filed on MAY 09, 2017 and as	signed
Florida document number L17000103526		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
2147M, LLC		
The new name must be distinguishable and contain the words "Limited Liability C	ompany," the designation "LLC" or the abbreviation "I	L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	->	
	N	; ; ;
Enter new mailing address, if applicable:	<u> </u>	C.
		<u>-</u>
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the name	of the
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	Elovido	
	, Florida	,

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 additional or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
			☐ Remove
		.	
			☐ Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			Change
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(If an effect <u>Note:</u> If	the date inserted in this blo	date of filing:
If the reco (b) The 9	rd specifies a delayed Oth day after the reco	effective date, but not an effective time, at 12:01 a.m. on the earlier or ord is filed.
Dated	IARCH 27	2019
	////	7 1
	-/AMM	Signature of a member or authorized representative of a member
	(V

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00