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DEC .

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Tayee A. Land Company  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:
-JCyce Larges ten
Juge + Largester LC
3/37 Micros 19 Store Do.
Clermont, FL 3471X City/State and Zip Code
F-mul address: (to be used for future annual report notification)
For further information concerning this matter, please call,
Richard Lang-Stan at 404 789 - 5409  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$\Begin{array}{c} \Begin{array}{c} \S25.00 \text{ Filing Fee} \& \S55.00 \text{ Filing Fee} \& \Begin{array}{c} \S60.00 \text{ Filing Fee} \& \Begin{array}{c} \Certificate of Status

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jugae A	Langston, LLC
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.)  [Liability Company]
he Articles of Organization for this Limited Liability Compan Iorida document number <u>L. 1 &amp; OCCC 4827</u>	y were filed on $\frac{3/9/2016}{}$ and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited lia	bility company here:
ne new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "L.L.C." or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)	
<ul> <li>If amending the registered agent and/or registered office gent and/or the new registered office address here;</li> </ul>	address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
··	
	, Florida City Zip Code
ew Registered Agent's Signature, if changing Registered Agen	<u>t:</u>

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
AMBR	HUTTINGING D. SENSING	9 3332 Scathern Caks I Green Cove Springs, FL 32	2043
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Signature of a member or authorized representative of a member  Toyce Langston  Typed or printed name of signer	effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fee. If the date inserted in this block does not meet the applicable statutory filing requirements, this ament's effective date on the Department of State's records.  Ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	filing.) Pursuant to 605 date will not be liste
Signature of a member of authorized representative of a member  Jayee Langston  Typed or printed name of signee	4 <u>13-36</u> .203	
Signature of a member of authorized representative of a member  Joyce Langs (27)  Typed or printed name of signee	12m2 A Laryston	1
Joyce Lanaston Typed or printed name of signee	Signature of a member or authorized representative of a member	
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	Typed or printed name of signer	<del></del>

Filing Fee: \$25.00