10/000002879

	(Requestor's Name)			
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
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	(Business Entity Name)			
(Document Number)				
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COVER LETTER

TO:	Registration Sect Division of Corpo			
SUBJE	ест:	LKG/062/ A Name of Limi	MUISORY SerVIC ted Liability Company	eg, LC
The en	closed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please	return all correspond	dence concerning this matter t	to the following:	
		_ELIZAR	Name of Person	
		LLKGI	Obel ADVISOR	y Services, LCC
		_3269	1290 De Tala	21212
		We//1	address	33467
		E-mail address: (i	Oty/State and Zip Code O SU M 50 O be used for future annual report notifi	1.CON ication)
For fur	ther information cor	ncerning this matter, please ca	ılı:	
E	L/ZABE Name of I	Th Townsend Person	at (<u>56/</u>) <u>846-</u> Area Code Daytime	798 Telephone Number
Enclos	ed is a check for the	following amount:		
\$2.	5.00 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
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1010002879.	C 1 1 20d
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new hame must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3269 Layo De Talevera
Principal office address MUST BE A STREET ADDRESS)	Wellington, FC 33467
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
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: EL124	BETH TOWNSON O
New Registered Office Address: 3269	Lago la Talavera Enter Florida street address
Weller	Y +0V Florida 33467 Zip Code
New Registered Agent's Signature, if changing Registered Agent:	ELAS B
hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete procept the obligations of my position as registered agent as propering filed to merely reflect a change in the registered office of company has been notified in writing of this change.	re to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or if this document is address, I hereby confirm that the limited liability
If Change	ging Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member **Title** <u>Name</u> **Address Type of Action** ENZABETH Townserd 3269 Lago DeTalaura Lay E. HART Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change □ Remove : ☐ Change □ Add ☐ Remove

or removed from our records:

□ Change

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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or monotote: If the date inserted in this block does not meet the applicable statutory filing a locument's effective date on the Department of State's records.	(optional) re than 90 days after filing.) Pursuant to 605 requirements, this date will not be liste	6.0207 ed as t
e record specifies a delayed effective date, but not an effective tin The 90th day after the record is filed.	ne, at 12:01 a.m. on the earlie	er of:
Pated September 2 nd 2016.		
Signature of a member of authorized representative of	f a member	
ELIZABETH TOUNSENS Typed or printed name of signee)	

Page 3 of 3

Filing Fee: \$25.00