104000039216

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2019 FEB -7 PH 3:59 SEGAL SALVES DATE TALLAMAN SEE, FL

COVER LETTER

TO: Registration S 'Division of Co		, , ,	
Condor Sp SUBJECT:	ecial LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Monika Mollenhauer		
	Condor Special LLC	Name of Person	
	715 Sandra St	Firm/Company	
	Lehigh Acres, Fl. 33972	Address	
	mike@zeezee.com	City/State and Zip Code	
		to be used for future annual report noti	fication)
For further information of	concerning this matter, please ca	all:	
Michael Schaefer		239 462-7201 at () Area Code Daytim	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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 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

FILED

Condor Special LLC		2019 FEB - 7 PM 3: 59
(Name of the Limited Liability Co	ompany as it now appears on our red ited Liability Company)	
(A Florida Lim The Articles of Organization for this Limited Liability Comp		- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
•	oany were filed on	and assigned
Florida document number L04000039216		
This amendment is submitted to amend the following:		
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 I	Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u>s)</u>	
	-	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	- 	
	<u> </u>	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ords, enter the name of the ne
Name of New Registered Agent:		.
New Registered Office Address:		
	Enter Florida street ad	aress
		Florida
	City	Zip 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, 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Dieter Michael Schaefer	715 Sandra St. Lehigh Acres, Fl. 33972	5
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	1/1/2019	
lote: If the date inserted in	ate must be specific and cannot be prior to date of f	(optional) iling or more than 90 days after filing.) Pursuant to 605.0207 (3 ory filing requirements, this date will not be listed as th
e record specifies a de The 90th day after th		ective time, at 12:01 a.m. on the earlier of:
2/4 ated	2019	
	2019 Cutto Signature of a member or authorized repre	
tm019		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00