1050008060

SEURE ANT DE STATION TALLAHASSEE. FLORIDA (Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP MAIL (Business Entity Name) (Document Number) Certified Copies ____ Certificates of Status ___ Special Instructions to Filing Officer:

Office Use Only



800059377868

A9/20/05--01011--A11 **25.00

5 SEP 20 AHO: 47

COVER LETTER

TO: Registration Sectio Division of Corpor			ED
		05 SEP 20	AM 9:51
SUBJECT: E d	R Floor	Trs tallscore IAR ted Liability Company) AHASSI	Y 116
	(Name of Limi	ted Liability Company) AHASS	EE. FLORIDA
The enclosed Articles of An	nendment and fee(s) are subm	itted for filing.	
Please return all corresponde	ence concerning this matter to	the following:	
	TINA Ann	Pecace me of Person)	-
	F & R F/C	n/Company)	
	16 Hupa 3	(Address)	
	nawfondui/ (City/Sta	// e F1 3235 ate and Zip Code)	27
For further information conc	erning this matter, please call	:	
TINA	Gnn Pegner Name of Person)	at (PSO) 920 (Area Code & Daytime	1.95/8 - 228-7299 Telephone Number)
Enclosed is a check for the follow	owing amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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

DS CER 20 ALL O

		12 SET 20 AM 9:51
_	(Present Name) [A]	LAHASSEE, FLORIDA
	(Present Name) [/\[\] (A Florida Limited Liability Company)	LANASSEE, FLORIDA
	East H	
FIRST:	The Articles of Organization were filed on E & IZ Floon Ins. document number LDS-0500806.42 Rug 1	16 th
SECOND	This amendment is submitted to amend the following:	
A	A Robert Sames Hancocks Doneg Beith Strickland	MERM
,	Starce Issith Strickland	100/2 17 202
`	R Blied Joein Simon and	MORET
		·
Dated	*	
	Tina Pears	
	Signature of a member or authorized representative of a n	nember
	Tina Peant e Typed or printed name of signee	
	Typed of printed thatte of signee	

Filing Fee: \$25.00