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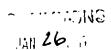
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### **COVER LETTER**

TO: Registration Sect Division of Corpo			,	
CHRICOT	TALK SHOW R	ESEARCH		
SUBJECT:		d Liability Company		<del></del>
The enclosed Articles of A	mendment and fee(s) are subm	itted for filing.		
Please return all correspond	dence concerning this matter to	the following:		
	JONATHA	AN DAVID	SCH MEID.	ER
		Name of Person		
	TALK SHE	DW RESEARCH Firm/Company	ł	
		Firm/Company		
	260 SEDO	NA WAY		<u>.</u>
		Address		
	PALM BEAC	H GARDENS	FL 33	<u> </u>
	. 1)	City/State and Zip Code		
	jonathan @ the	be used for future annual	y. 60M report notification)	
For further information con	ncerning this matter, please call	l:	·	
NAHTANCL	SCHNESSER Person	at (404_)	660-941	90
Name of	Person	Area Code	Daytime Teleph	one Number
Enclosed is a check for the	following amount:			
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		1 \$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

(Name of the Limited Liabili (A Florida	y Company as it now appears on our rec Limited Liability Company)	rords.)
The Articles of Organization for this Limited Liability C Florida document number <u>L05</u> 000 87314	alil	2005 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ted liability company here:	
THE CANDOR COMPANY	LLC	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	<u> </u>
(Principal office address MUST BE A STREET ADDI	PESS)	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SEEF, FLORIDA
B. If amending the registered agent and/or registered agent and/or the new registered office add		ords, <u>enter the name of the n</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	ldress
		, 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
<del> </del>			□ Add
			□ Remove
			Change
			□ Remove
			Office Office Atto
<u></u>			SSEE PL
	•		OR Remove
			Change
			Remove
			Change
<u></u>	·		
			□ Remove
			□ Change
<del></del>			
			Remove
			Change

. II ainei	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	OR THE CONTRACT OF THE CONTRAC
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. Effectiv	ve date, if other than the date of filing:(optional)
	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
	nt's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
<i>3)</i> THE	Sour day area the record is fined.
Dated	1/16/19
Duica_	
	S D S
	Signature of a member or authorized representative of a member
	JONATHAN SCHNEIDER
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00