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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	: #)
. PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nam	ne)
	A Numbay	
(LX	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

Menda

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COVER LETTER *

TO: Registration Section Division of Corpor			
SUBJECT: Pic	e Energy W Name of Limi	Dellaes LLC ited Liability Company	
The enclosed Articles of Am	endment and fee(s) are subr	mitted for filing.	
Please return all corresponde	nce concerning this matter t	to the following:	
	Sheri T	Name of Person	
		Firm/Company	
·	2250	Lee Rd #300	<u></u>
	Winter Par	City/State and Zip Code	
_	Four Cherry E-mail address: n	wellness 32789@ o be used for future annual report notifi	gnail, Con
For further information conce	erning this matter, please ca	dl:	
Name of Per	nise Irobs	at (<u>407</u>) <u>602-8</u> Area Code Daytime	7990 Telephone Number
Enclosed is a check for the fo	ollowing 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

Name of the Limit	ted Cability Compan (A Florida Limited Li	y as it now appears on ability Company)	our records.)	18 J	Y-1
The Articles of Organization for this Limited L Florida document number	iability Company v 역이식5탁	• • •	14/2005	UL 3 PH 4: 4: [TABSSIGN OF STATE HASSIGE FLORID	TILED
This amendment is submitted to amend the follow. A. If amending name, enter the new name of	_	ity company here:		AIC RIDA	
The new name must be distinguishable and contain the venture new principal offices address, if applic		y Company," the design	ation "LLC" or the abb	previation "L.L.C."	_
(Principal office address MUST BE A STREE	<u>ET ADDRESS)</u>				<u> </u>
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>				<u> </u>
B. If amending the registered agent and registered agent and/or the new registered of			r records, <u>enter 1</u>	the name of th	e new
Name of New Registered Agent:	Sheri	Denise	Sicols		
New Registered Office Address:	2250	Lee Rd Enter Florida s.	##300 treet address		
	_Winter	Park	Flo ri da <u>3</u>	2789 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>	Address	Type of Action
Mar	Sheri Denise Jacobs	2250 Lee Rd #300	O Add
		Winter Park, FL 32789	☐ Remove
	i ., \ \ \		Change
	Jonithia D. Duice		🗖 Add
			D Remove
			🗆 Change
		·	
			Remove
			🗆 Change
			O Add
			□ Remove
			Change
			☐ Remove
			□ Change
			□ Add
			Remove
			☐ Change

	Sheri Denise Jacobs, P	resident
	Jonethin Dinn	resigns from
_		
_		
_		
_		
an effec <u>ote:</u> T	ive date, if other than the date of filing: Cective date is listed, the date must be specific and cannot be prior to date of the date inserted in this block does not meet the applicable statement's effective date on the Department of State's records.	(optional) f filing or more than 90 days after filing.) Pursuant to 605.020 autory filing requirements, this date will not be listed as
	cord specifies a delayed effective date, but not an ef 90th day after the record is filed.	fective time, at 12:01 a.m. on the earlier o
ated _	7.25 2019 H	
	/11/h	

Page 3 of 3

Filing Fee: \$25.00