# L06000 805 806

(Requestor	's Name)
(Address)	
(Address)	
(City/State	Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Document	: Number)
Certified CopiesC	Certificates of Status
Special Instructions to Filing C	officer;
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4.29.19	

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2019 - 3 Fil 3: 56

Amend CC

SEP 1 2 2019 LALBRITTON

### **COVER LETTER**

Division of Cor	porations		
SUBJECT: <u>S</u> U	PPORT 100 PK Name of Lim	ROPERTY MANA ited Liability Company	GEMENTLLC
The enclosed Articles of	Amendment and fee(s) are sub	mutted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JUDITH A.	Cook Name of Person	
	SUPPORT 100	Firm Company	PAGEMENTLLC
	2778 wy	NDHAM WAY	
	MEZBOURN	OF FA 325 City/State and Zip Code	340
	S/00 inco hi	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
Jubith C	of Person	at (321) 302 Area Code Dayting	- 7 88 8 e Telephone Number
Enclosed is a check for the	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:

TO:

Registration Section

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

Support 100 PRO	ed Liability Company as it n (A Florida Limited Liability C	ow appears on our recompany)	ords.)	
The Articles of Organization for this Limited Lie Florida document number <u>LOGODO</u>	ability Company were fil	ed on <u>01/17/</u>	2006 and assigned	
This amendment is submitted to amend the follow	owing:			
A. If amending name, enter the new name of The new name must be distinguishable and contain the wo			LC" or the abbreviation "E.L.C."	_
Enter new principal offices address, if applica			<u> </u>	<del></del>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE I				ر مار مار مار
B. If amending the registered agent and/or the new registered of		dress on our reco	ords, enter the name of the	new
Name of New Registered Agent:	JUDITH F			_
New Registered Office Address:	MELBOUR	Y <u>PU</u> H HYY Enter Florida street add	1 WAY  dress Florido 32940	_
	City	NK.	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

Page 1 of 3

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
MGR	WALLECE R COOK	2778 WYNDHAM WAY	
		2778 WYNDHAM WAY MELISOURNE, 821,329	Remove
			□ Change
			🖸 Add
			Remove
			Change
			<b>D</b> Add
		<del></del>	Remove
			Change
			Remove
			Change
			Remove
			Change
			D Add
	)		Remove
		<u> </u>	Change

). If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note: If	date, if other than the date of filing: 12019 (optional) ive date is listed, the date must be specific and candot be prior to date of thing or more than 90 days after filing.) Pursuant to 605.0207 (3), the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the t's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated	9/30/2019 Judich a. Cook Singular of a member of a member
	Signature of a member or authorized representative of a member
	Jud) 774 A, Cook  Typed or printed name of signee
	Typed or printed name of signee

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Filing Fee: \$25.00