# LOADONYS

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	<del>;</del> #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doe	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



900269595039

03/09/15--01030--014 \*\*25.00

15 MAR - 9 PH 12: 02

MAR 2 6 2015 S. YOUNG

### **COVER LETTER**

TO: Registration Se Division of Cor		•	w.
	L. Duda, LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jessica Luke		
		Name of Person	<del></del>
		Firm/Company	
	7801 Norfolk Ave. S	uite 100	
	Bethesda, Maryland	Address 20814	F
	jessicaluke14@yaho		ication)
For further information of	E-mail address: ( concerning this matter, please c	to he used for future annual report notifi all:	-9 PH D
Jessica Luke		904 838-7848 at ()	, , , , , , , , , , , , , , , , , , ,
Name o	of Person	Area Code Daytime	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

## TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our rec Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Co. L06000074451	ompany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limi</u> Jessica L. Luke, LLC	ted liability company here:	
The new name must be distinguishable and end with the words "Lin	nited 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 ADDR	<u>ESS)</u>	ZG 3
		医浴 三二
		1111 70
Enter new mailing address, if applicable:		22. 6 m
(Mailing address MAY BE A POST OFFICE BOX)		
Manuel address MAT DE ATOST OTTICE BOA		
		<del> 및 M</del>
B. If amending the registered agent and/or regist registered agent and/or the new registered office address Name of New Registered Agent:		rds, <u>enter the name of the</u>
New Registered Office Address:		
(ABINALAN OTHAN LYBRIADO.	Enter Florida street add	dress
	<del></del>	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

### Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
		<del></del>	□ Remove
		<del></del>	
			Remove
			Add
			Remove
			Add Remove
			E Remove
			Add
			Remove
			□ Add
			□ Remove
			·

Fective date, if other than the date of filing: e effective date must be specific, cannot be prior to date to date this document is filed by the Florida Department of	:(optional) e of receipt or filed date and cannot be more than 90 days after
fective date, if other than the date of filing: e effective date must be specific, cannot be prior to date to date this document is filed by the Florida Department of	:(optional) e of receipt or filed date and cannot be more than 90 days after
fective date, if other than the date of filing: e effective date must be specific, cannot be prior to date to date this document is filed by the Florida Department of	:(optional) e of receipt or filed date and cannot be more than 90 days after
fective date, if other than the date of filing: e effective date must be specific, cannot be prior to date of date this document is filed by the Florida Department of	(optional) e of receipt or filed date and cannot be more than 90 days after
fective date, if other than the date of filing: effective date must be specific, cannot be prior to date a date this document is filed by the Florida Department of	:(optional) e of receipt or filed date and cannot be more than 90 days after
	t of State)
February 26	2015
Junia (	Luke
Signature of a me	nember or authorized representative of a member
Signature of a me	nember or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

15 NAR -9 PH 12: 00