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COVER LETTER

TO:	Registration Sec Division of Corp			v
SUBJE	CCT: UNIT	PA WAT WET Name of Limi	ted Liability Company	<u>C</u>
The en	closed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please	return all correspon	dence concerning this matter t	o the following:	
		Kim F	Name of Person	
		United In	WISTMENT RYDY Firm/Company	erty U.C.
		SUZ WISTC	hetter Drive	
		Deland Meldy Gor 1:-mail address: (10	City/State and Zip Code Obe used for-future annual report notifications.	nion)
For fur	ther information con	ncerning this matter, please ca	11:	
	Name of I	Person	at (384) Sl 1 Area Code Daytime To	elephone Number
_		following amount:		
⊠ \$25	5.00 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 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

The Articles of Organization for this Limited Liability Company were filed on Florida document number (D(DDNN) 70 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LI Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City 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

	from our records:	inage, enter the title, name, and address of each	i person being auc
MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
NGE	Jerome lennon	Suz Wistchester Drive	🗹 Add
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ective date, if other than the date of filing:	(optional) prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
	pplicable statutory filing requirements, this date will not be listed a
record specifies a delayed effective date, buthe 90th day after the record is filed.	t not an effective time, at 12:01 a.m. on the earlier of
wd June 14th 1. 201	19.
X	

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Filing Fee: \$25.00