# 1670UC32951

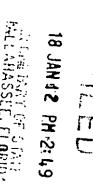
(Re	questor's Name)	
(Ad	dress)	<u>-</u>
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PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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#### **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJE	Prepco LLC	C		
		Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please i	return all correspo	ondence concerning this matter	to the following:	!
		Jody Hagemes		
			Name of Person	
		Prepco LLC		
			Firm/Company	
		7723 Burma Rd		
		<del></del>	Address	
		Jacksonville, FL. 32221		ı
			City/State and Zip Code	
		prepcoservicesllc@gmail.co	om to be used for future annual report notific	
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ror turt	ner information c	oncerning this matter, please c	all:	
Jody H	agemes		904 521-3012 at ()	<u> </u>
	<b>N</b> ате о	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		l
\$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 Limited I	iability Company as it now appears on our re Torida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liabi Florida document number L07000032951	lity Company were filed on 3/28/2007	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO.	x)	
		12点 <b>5</b>
B. If amending the registered agent and/or		
registered agent and/or the new registered office	address here:	
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		9
	Enter Florida street ac	ldress
-		, Florida
In Decision I American Company (Company)	City	Zip Code
lew Registered Agent's Signature, if changing Regi	- <del></del>	
hereby accept the appointment as registered as rovisions of all statutes relative to the proper a ccept the obligations of my position as register zing filed to merely reflect a change in the region pany has been notified in writing of this change in the	and complete performance of my duties ted agent as provided for in Chapter 6 istered office address. I hereby confirm	s, and I am familiar with and 05, F.S. Or, if this document is

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>	<u>Address</u>	Type of Action
Secretary	Perkins, Brennan Ray		
<del>.</del>		280 Spromfield CA	
		crange Park, Fl. 32073	Remove
			Change
			☐ Remove
			Change
			Add
			Remove
			Remove  AN  Change
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		<del></del>	Remove
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ve date, if other than the date of filing:	(option ) C
ctive date is listed, the date must be specific and cannot be prior to date of filing of the date inserted in this block does not meet the applicable statutory fi	or more than 90 days after filing.) Pursuant to 605.0 ling requirements, this date will not be listed
ent's effective date on the Department of State's records.	'
ord specifies a delayed effective date, but not an effective	e time, at 12:01 a.m. on the earlier
90th day after the record is filed.	
T 9 2010	
January 9 . 2018	<b>N</b>
Firet bull	
January 9 . 2018 . Signature of a member or authorized representation	
Signature of a member or authorized representation of Signature of Sig	AGENES.

Filing Fee: \$25.00