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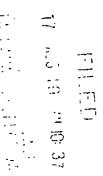
(Requestor's Name)	
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PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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D. SCOTT AUG 1 1 2017

COVER LETTER

(O: Registration Sec Division of Corp			
SUBJECT: Beve	Plane of Limit	ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspor	ndence concerning this matter t	o the following:	
	Robert Lor	Name of Person	
	Beneficial &	Firm/Company	<u>C</u>
	love M n? A	10EAS tout 140	
		City/State and Zip Code	سـ
	Glash CDA CC	to be used for future annual report notific	ation)
For further information co	oncerning this matter, please co	all:	. 37
Robert 1	r Person	at (216) 496-4 Area Code Daytime	306 Telephone Number
Enclosed is a check for the	ne 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)
•	ING ADDRESS:	STREET/COURIE Registration Section	
Divisio	ration Section on Organizations	Division of Corpora	
	ox 6327 assee, FL 32314	Clifton Building 2661 Executive Cen	ter Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Companion (A Florida Limited L	iy as it now appears on our records. iability Company))
The Articles of Organization for this Limited Liability Company	were filed on July 25, 3	and assigned
Florida document number 107000076606.	ŕ	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabj	lity company here:	
N A The new name must be distinguishable and contain the words "Limited Liabil		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C.
Enter new principal offices address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRESS)		
·		
Enter new mailing address, if applicable:	w\x	
(Mailing address MAY BE A POST OFFICE BOX)		5 5
		<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records <u>e</u> :	, enter the name of the new
Name of New Registered Agent:	ΔA	
New Registered Office Address:	Enter Florida street addres:	8
	. Flo	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		

If Changing Registered Agent, Signature of New 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 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 Type of Action <u>Address</u> **Title** Name __ Remove ____ Change ☐ Remove ☐ Change ☐ Remove ☐ Change □ Add ☐ Remove □ Change _ 🗆 Add ☐ Remove □ Change

					
					
					
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	- show the date of filings			(optional)	
e: If the date inserte	than the date of filing: the date must be specific and can d in this block does not meet te on the Department of State	tite applicante attace	ling or more than 90 day ory filing requiremen	s after filing.) Pursuant is, this date will not	t to 605.0 be listed
record specifies a he 90th day afte	a delayed effective date r the record is filed.	e, but not an effe	ctive time, at 12	:01 a.m. on the	earlie
ed 8/9/	17				
	Signature of a mem	ber or authorized repre	sentative of a member		_

Page 3 of 3

Filing Fee: \$25.00