L0800000 4730

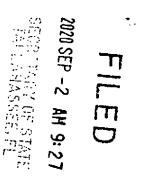
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Prione #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300347175273

07701720--01014--013 **35.00



COVER LETTER

 $\mathcal{L}_{i} = \mathcal{L}_{i} = \mathcal{L}_{i} = \mathcal{L}_{i}$

Tallahassee, FL 32314

TO: Registration Section Division of Corporations			
SUBJECT: Marry Me Woolding Rentals LLC.			
Name of Limited Liability Company			
my 1 1 2 2 1 2 2 4 1 1 1 1 1 1 1 1 1 1 1 1			
The enclosed Articles of Amendment and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Tim Eaton			
Name of Person			
Firm/Company			
2314 Country Place Cicela			
Address			
0 (1 27 1521			
City/State and Zip Code			
teuton 67 @ amril con			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
500 501 FOLM 822 547 - 2418			
Name of Person Area Code Daytime Telephone Number			
Name of Person at (832) 542-2418 Area Code Daytime Telephone Number			
Enclosed is a check for the following amount:			
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee.			
Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address: Street Address:			
Registration Section Registration Section			
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on _ Florida document number L 08000004730 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 "LLC" or the abbreviation 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: Timothy P. Edton Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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
			□Add
			Remove
			☐ Change
			DAdd
			Remove 2020 Sange T
			Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z
			□Change
			Remove
			□Change
		. <u></u>	□Add
			□Remove
			Change
			□Add
			□Remove
			□Chanue

				.,		
		<u> </u>	·			
 		<u> </u>			<u> </u>	
			,, <u>.</u>			
					- <u> 20</u>	3
					\$ 020 SE	š 2_ ~
						, ,
		_			Y OF	· ·
			· • •			_
	_				14 27	
					-,u	
				•		
					 -	
Iffective date, if oth fan effective date is listed Note: If the date inser	I, the date must be speci- ted in this block does	ic and cannot be prior not meet the applic	r to date of filing or me cable statutory filin	ore than 90 days afte	ional) r filing.) Pursuant to is date will not be	o 605.0207 Histed as
locument's effective d	ate on the Departmen	n or state 8 records				
record specifies a del d is filed.	ayed effective date, bo	at not an effective t	ime, at 12:01 a.m.	on the earlier of: (h) The 90th day	after the
Dated 8-31	-20	·	<u> </u>			
	0	C,				
	Duna	of a member or auth	torized representative	of a member		-

Filing Fee: \$25.00