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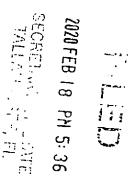
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(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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O SIMMONS MAR 11 2020

COVER LETTER

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TO: Registration Sect Division of Corpo			
SUBJECT: A	oricla Doc	or Sales	LLC
·	Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Brende	a LLE a	
	AFlor	Cla Doo	c Sales LLC
	2960 1	1E 103rd A	ve_
	Okeech	City/State and Zip Code	34974
	E-mail address: (N. TONESS	Qaol. Com
For further information cor	ncerning this matter, please co	all:	
Scendo Name of I	LL LCQ	at (772) 4 C	Telephone Number
Enclosed is a check for the	following amount:		
S25.00 Filing Fee	S30.00 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:		Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ny as it now appears on our records.) iability Company)
were filed on <u>M//5/208</u> and assigned
lity company here:
ity Company," the designation "LLC" or the abbreviation "LLC".
7ATE 36
ddress on our records, enter the name of the new registered
NE 103rd Ave
Chobee Florida 34974
1

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

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager

AMBR = Au	thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Brenda L Lea	2960 NE 103 rd Ave OKeechobee	DAdd FL 34974 Remove
MGR	Christy Tindall	6381 Peterson Rd Fort Pierre	Change DAdd
MGR	Arthur H Jones	TRA NE 103rd Ave OKeecho	□Change □Add
MGR	Marren Jones		□Change □Add
		2982 NE 103rd Ave Okeechobee FC	
			Dendd 20 FF
			U∰hangé ; ; SAdd □ Remove
			□Chan

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	21191 2020		
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Filing Fee: \$25.00