

108000089495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

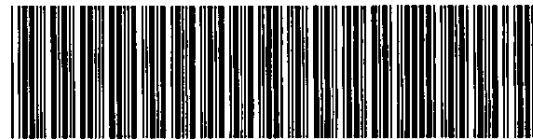
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16 DEC 14 AM 9:48
SEVENTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

T WASHINGTON

DEC 15 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Orlando Fire Conference, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William Aaron Rhodes

Name of Person

Orlando Fire Conference, LLC

Firm/Company

1026 Pineapple Ave NE

Address

Palm Bay, FL 32905

City/State and Zip Code

William.Rhodes@cityoforlando.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Aaron Rhodes

Name of Person

at (321)

Area Code

508-2079

Daytime Telephone Number

Enclosed is a check for the 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)

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**

Orlando Fire Conference, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/19/2008 and assigned
Florida document number L08000089495.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1026 Pineapple Ave NE

Palm Bay, FL 32905

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1026 Pineapple Ave NE

Palm Bay, FL 32905

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:

William Aaron Rhodes

New Registered Office Address:

1026 Pineapple Ave NE

Enter Florida street address

Palm Bay

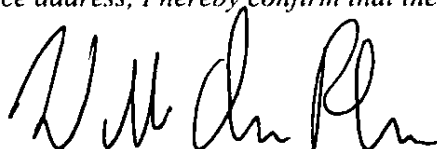
, Florida 32905

City

Zip Code

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, 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>	<u>Type of Action</u>
MGR	Matthew Negedly	540 Coral Trace Blvd	<input type="checkbox"/> Add
		Edgewater, FL 32132	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Steven Negedly	2830 Silver Palm Drive	<input checked="" type="checkbox"/> Add
		Edgewater, FL 32141	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Joseph Jeffrey Cassetta	5215 Phillips Oaks Lane	<input type="checkbox"/> Add
		Orlando, FL 32812	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 16 DEC 14 PM 9:10
 CLERK OF DISTRICT COURT
 TAMPA, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FILED
18 DEC 14 AM 9:48
CLERK OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ ^{date of filing} (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated December 7 2016

Arnell J. R. Jr.
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

William Aaron Rhodes

Typed or printed name of signee