## L09000010996

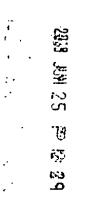
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

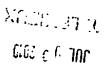
Office Use Only



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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: <u>Iſ</u>	Idiantown t	Poad Associ	ates LLC
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Jane	et L. Marle Name of Person 2. Lagerstrom	2 <del>/</del>
	Juliet L	Firm/Company	1, FA
	P.O. B	ox 280	
	Jensen	Beach FL City/State and Zip Code	34958
	E-mail address: (t	1 @ COMCAS to be used for future annual report notific	
For further information con	cerning this matter, please ca	all:	
Janet L. Name of P	Marley	at ( <u>772</u> ) 334 - Daytime 1	S772.
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, F£ 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## 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 will 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 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 or removed from our records:

MGR = Manager

$\mathbf{AMBR} = \mathbf{A}_{\mathbf{I}}$	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Acti
MNG	Jack A. Marley	39 W. High Point Rd Stuart, FL 34996	□ Add
		Stuart, FL 34996	Remove
			Change
AMBR	Jack A. Marky, Trust	lee	DAdd
	J	39 W. High Point Rd	□ Remove
		Stuart, FL 34996	Change
			□ Add
			Remove
			Change
***			□ Add
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			_□ Remove
			□ Change

	<del></del>
(If an e <u>Note</u>	ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlier e $90$ th day after the record is filed.
Dated	June 19 2019
	inh A there THUSTEE
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00