## 409000020809





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FILED
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Holbeche El	NTERPTISES, LLC of Limited Liability Company
The enclosed Articles of Amendment and fee(s) ar	e submitted for filing.
Please return all correspondence concerning this re	natter to the following:
1	A Craid Name of Person
Holber	che Enterprises LLC Firm/Company
	locoa Lane Address
Apollo f holbeche-	Deach FL 33572  City/State and Zip Code  -enter Drises - 11c @ aol. com: ==
For further information concerning this matter, ple	ress: (to be used for future annual report notification)
Laura Craig Name of Person	at (813) 484 - 071Z  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$25.00 Filing Fee \$30.00 Filing Fee Certificate of States	
MAILING ADDRESS: Registration Section	STREET/COURIER ADDRESS: Registration Section

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Holbeche Enterpr (Name of the Limited Liability Compa (A Florida Limited T	15es, LLC  ny as it now appears on our records.)  Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L0900020809</u> .	were filed on $\frac{03/02/2009}{2009}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
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:  (Principal office address MUST BE A STREET ADDRESS)	6348 Cocoa Lane Apollo Beach, FL
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Apollo Beach FL & TREE 335 7
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
Nam Desistand Agent's Cignotum if shanging Desistand Agents	Enp Couc

## 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>	Type of Action
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	to Property Management Service
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	, , ,
Effec	tive date, if other than the date of filing: $\frac{02/14/2019}{}$ (optional)
Note:	Tective 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 605.020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docur	nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
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Dated	·
	Signature of a member or authorized representative of a member
	$\mathcal{O}$
	Signature of a member or authorized representative of a member  LAUTA Craig

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Filing Fee: \$25.00