10900012050

(Requ	estor's Name)	
(Addre		
(Addre	ess)	_
(City/S	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nar	ne)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to File	ing Officer:	

Office Use Only



500314880965

06/32/18--01017--027 **25.00

SECRETARY OF STATIONS

SECRETARY OF SAME DIVISION OF CORPORATION 18 JUN 25 PM 1: 2

N COOPER JUN 2 5 2018

COVER LETTER

TO:	Registration Section
	Division of Corporations

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

Please return all correspondence concerning this matter to the following:

For further information concerning this matter, please call:

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

Flying - Fighting Lady C (Name of the Limited Liability Compan (A Florida Limited Lia	herter douttiters LL CAPER ability Company)
The Articles of Organization for this Limited Liability Company v	were filed on 7-27-2009 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
	815 N.W. Flagler AU. #402 Stuart, FL 34994
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	815 N.W. Flagler AU. #402 Stuart, FL 34994
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	
	W. Flagler AV. #402 Enter Fiorida street address ACT Storida 34994

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 lightly company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered

Zip Code

or removed from our records:

MGR = Manager AMBR = Authorized Member

ogneriO 🗖 .				
_ Всточе				
pp∀ □		 -		
əgnsd⊃ □ _				
П Всточе				
PP ∀qq				
्री ट्राप्ताय				
_ Вспюче				
bbA □_				
ognæl⊃ □_				
Ветюус				
PP □				
<u> - Մինորջ</u>				
П Встоус				
pbA □		-		
Change				
~ ☐ Remove	C L % C			
DDA-20	od trial bral! M OPS LACE SPEEL	III sold > J. A	Dougles	V EB
Type of Action	Address Address		<u>этвИ</u>	<u>əliiT</u>

	er change(s) here: (Anach daditional sheets,)	f necessary.)
		:
		
		
		<u> </u>
		——————————————————————————————————————
		- CO 310 - CC 310 - C
		
		
E. Effective date, if other than the date of fit (If an effective date is listed, the date must be specific Note: If the date inserted in this block does not document's effective date on the Department.	c and cannot be prior to date of filing or more than 90 days	optional) after filing.) Pursuant to 605.0207 (3χb) t, this date will not be listed as the
If the record specifies a delayed effective (b) The 90th day after the record is file	ve date, but not an effective time, at 12:0 ed.	01 a.m. on the earlier of:
Dated June 15th	_, 2018	
* Chilling		 0).
Signature o	of a member or authorized representative of a member	Story Story
James R.	Verner Ir. Typed or printed name of signce	JUN-25
	typed or printed name of signee	0 RP 01
	Page 3 of 3	الله الله الله الله الله الله الله الله

Filing Fee: \$25.00