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| (Requestor's Name)                      |
|---|
| (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: |
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## **COVER LETTER**

TO:

**Registration Section** 

P.O. Box 6327 Tallahassee, FL 32314

| Division of Corporations                     |                    | , <b>f</b>   | •   |
|--|--------------------|--|---|
| SUBJECT: Eighth Street                       | foot a             | nd anklo LLC   |   |
| ~  | Name of Limite     | ed Liability Company   |   |
|  |                    |  |   |
| The enclosed Articles of Amendment and       | fee(s) are subm    | itted for filing.  |   |
| Please return all correspondence concerni    | ng this matter to  | the following:   |   |
|  |                    |  |   |
|  | JOHN G             | Name of Person   |   |
|  |                    |  |   |
| £154   | 14 Stree           | Firm/Company   | Me LLC                                    |
|  |                    | Firm/Company   |   |
| <u>3839</u>                                  | Arraw              | Point Trail WOX  |   |
|  |                    | Address  |   |
|  | sek son u. 1/1     | City/State and Zip Code  City/State and Zip Code  Comparison  Comparison  Decid Comp |   |
|  |                    | City/State and Zip Code  | <del></del>                               |
| <i></i>                                      | arnsdpm @          | mail.com   |   |
| F  | mail address; (to  | be ased for future annual report notif   | ication)                                  |
| For further information concerning this m    | atter, please call | l:   |   |
| Tour   |                    | 0.10 0411  |   |
| John Hymess<br>Name of Person                | <del></del>        | at (904) 294-<br>Area Code Daytime   | Telephone Number                          |
| Name of Fessi                                |                    | Arca code Bayunk   | . receptione (vanice)                     |
|  |                    |  |   |
| Enclosed is a check for the following ame    | ount:              |  |   |
| \$25.00 Filing Fee                           |                    | □ \$55.00 Filing Fee &   | □ \$60.00 Filing Fee,                     |
| Certifica                                    | te of Status       | Certified Copy (additional copy is enclosed)   | Certificate of Status &<br>Certified Copy |
|  |                    | (mail only) is differency  | (additional copy is enclosed)             |
|  |                    |  |   |
|  |                    |  |   |
| MAILING ADDRESS                              | i: \               | STREET/COURI   |   |
| Registration Section Division of Corporation | )                  | Registration Section Division of Corporation   |   |
| , z.rision or corporation                    | ~ /                | STABION OF COLDON  | 101 · · · ·                               |

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT **ARTICLES OF ORGANIZATION OF**

| Name of the Limited Liability Compan (A Florida Limited Li                   | and ANKL                                      | LE CCC                            |
|--|---|-----------------------------------|
| (Name of the Limited Liability Compan<br>(A Florida Limited Li               | y as it now appears on our reability Company) | <u>cords</u> )                    |
| The Articles of Organization for this Limited Liability Company v            | were filed on $\frac{1-13}{2}$                | - ZOIO and assigned               |
| Florida document number <u>L19480605085</u>                                  |   |                                   |
| This amendment is submitted to amend the following:                          |   |                                   |
| A. If amending name, enter the new name of the limited liabil                | ity company here:                             |                                   |
|  |   |                                   |
| The new name must be distinguishable and contain the words "Limited Liabilit | y 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)                           |   |                                   |
| Enter new mailing address, if applicable:                                    | 3839 Arrau                                    | REPERINGER                        |
| Mailing address MAY BE A POST OFFICE BOX)                                    | JACKJOYU, IJE                                 | 1                                 |
| 3. If amending the registered agent and/or registered offi                   |   | ω. ω :                            |
| registered agent and/or the new registered office address here:              | te audress on our rect                        | ords, enter the name or the new   |
| Name of New Registered Agent:  |   |                                   |
| New Registered Office Address:   |   |                                   |
|  | Enter Florida street ad                       | dress                             |
|  |   | Florida                           |
|  | City  | Zip Code                          |
| lew Registered Agent's Signature, if changing Registered Agent:              |   |                                   |
| hereby accept the appointment as registered agent and agree                  | to act in this canacity                       | further garge to comply with the  |

## N

is 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> Name 1 <u>Address</u> **Type of Action** JOHN 6. HARRETS JE, 3839 ANOW Part TROIT WOSTERADO Jackson ville FZ 32277 \_ Remove ☐ Change □ Remove ☐ Change

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| fective date, if other                        | than the date of                       | of filing:         | prior to data of Eli-                 | (   | optional)<br>after filing.) Pursuant to 605.02                          |
| te: If the date inserte cument's effective da | d in this block doo                    | is not meet the a  | pplicable statutor                    | g or more than 90 days<br>y filing requirements | s after filing.) Pursuant to 605.02<br>s, this date will not be listed: |
| Juneau Scheenee da                            | e on the Departur                      | sit of state s for | orus.                                 |   |   |
| record specifies                              | delayed effec                          | tive date, bu      | t not an effect                       | tive time, at 12:                               | 01 a.m. on the earlier  |
| he 90th day afte                              | r the record is                        | filed.             |                                       |   |   |
| ted <u>628</u>                                | - 2019                                 |                    |                                       |   | 1   |
|   |  | ,                  | fi ·                                  |   | 1 /   |
| <del></del>                                   | Signetic                               | yeal               | CVA                                   | Herra   |   |
|   | oiguatu                                |                    | authorized represe                    |   | John Hams   |
|   |  | 11                 | . 12-11                               | HARRY   | ,                                 |

Page 3 of 3

Filing Fee: \$25.00