L1000101966

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COVER LETTER

TO:	Registra Division		Section orporations					
SUBJE	CT.	ME	TZGER & ASSOCIATES	S, LLC				
SUBJE	C1:		Name of L	imited Liability Company	(r - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
The enc	losed Art	icles (of Amendment and fee(s) are so	abmitted for filing.				
Please r	eturn all o	corres	pondence concerning this matt	er to the following:				
						2	173	
			KENNETH 3	J. METZGER		15	250 UH 21	T
				Name of Person		•	1.E f\3	
			METZGER 8	ASSOCIATES, LI	LC C			
				Firm/Company			∆ #:	
			1637 METI	ROPOLITAN BOULE	VARD, STE C-2	3	0	
			-	Address				
			TALLAHASS	SEE, FL 32308				
				City/State and Zip Code				
				: (to be used for future annual	report notification)			
For furt	her infori	natio	n concerning this matter, please	call:				
KE	NNETH	J.	METZGER	at (850)	329-6183			
		Nam	e of Person	Area Code	Daytime Telephone N	umber		
Enclose	ed is a che	eck 10:	r the following amount:					
IX \$25	\$25.00 Filing Fee \$\square\$ S30.00 Filing Fee & Certificate of Status			□ \$55.00 Filing Fee Certified Copy (additional copy is en				
			ILING ADDRESS:		T/COURIER ADDRE	SS:		
		Divi	istration Section sion of Corporations Box 6327	~	tion Section of Corporations Building			

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

METZGER & ASSOCIATES, LLC

(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appe Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberLl0000107966	y were filed on _	10/15/2010	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company	here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the	e designation "LLC" or the abi	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		5.2	
Enter new mailing address, if applicable:			2
(Mailing address MAY BE A POST OFFICE BOX)			D D
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her Name of New Registered Agent:	office address (on our records, enter	the name of the
New Registered Office Address:	Fater F	lorida street address	
	2,114.7 2 1		
-	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u> </u>		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of provided for in	of my duties, and I am fo Chapter 605, F.S. Or, i	imiliar with and if this document is
If Cha	nging Registered /	Agent, Signature of New Reg	istered 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>	Address	Type of Action
MGR	LESLIE J. PAUGH	_unknown	□ Add
		- 10-1-10)	Remove
			Change
			□ Add
			☐ Remove
			□ Change
			Add
			☐ Remove
			Change
			ro Remove
			☐ Change
			Add
			Remove
			☐ Change
			Add
			☐ Remove
			Change

	authority	y of the	e person	being	remove	d hereb	y, to	act on	behal
of,	or repres	sent in	any way	, this	LLC is	termin	ated e	effecti	.ve upc
the	filing o	f this A	Amendmen	t.					
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ctive da	ite, if other th	an the date	ot ming:		1, 2019		(opti	onal)	=
<u>:</u> If the	date is listed, the d date inserted in	this block do	es not meet t	he applicab					
ment's	effective date or	the Departm	ent of State's	s records.					
	specifies a de			but not	an effectiv	ve time, at	: 12:01 a	a.m. on t	he earlie
ie 90tl	day after th	ie record is	s filed.						
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Page 3 of 3

Filing Fee: \$25.00