L/1000010722

| (Requestor's Name) | | | | |
|---|------------------------|--------|--|--|
| (A | ddress) | | | |
| (A | ddress) | | | |
| (C | ity/State/Zip/Phone #) | | | |
| | | MAIL | | |
| (Br | usiness Entity Name) | | | |
| (De | ocument Number) | | | |
| Certified Copies | _ Certificates of S | itatus | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| L | Office Use Only | | | |



ZOIL BR 13 HD 49 SECRETARY OF STATE TALLAHASSEE, FLORIDA

T. CLINE APR 1 3 2011 EXAMINER

COVER LETTER

,

TO:

.

Registration Section

__._.

| SUBJECT: Longer1+1 Outo MoLint LLL. Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: |
|---|
| Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: |
| Please return all correspondence concerning this matter to the following: |
| Please return all correspondence concerning this matter to the following: |
| Please return all correspondence concerning this matter to the following: |
| Kylz S. J. Scott Name of Person MA Firm/Company 504 St:11 ford ftffddc Address Sheford F1 St:11 fordst ftffddc Address Sheford F1 St:11 Grey State and Zip Code KScott 41502 O grouil - Com E-mail address: Grouil - Com For further information concerning this matter, please call: F00 Coolline Scott Name of Person at (403) S 74 9596 Name of Person Area Code & Daytime Telephone Number F00 F00 |
| Name of Person MA Firm/Company Sof St: 11 forest function Address Son fore Son Son |
| Name of Person MA Firm/Company Sof St: 11 forest function Address Son fore Son Son |
| $\frac{MA}{Firm/Company}$ $\frac{504 St:11 for St for Gut \\ Address}$ $\frac{Shoford FI 32741}{City/State and Zip Code}$ $\frac{KS \omega t + 4362 O op will \cdot Com}{E-mail address: (10be used for future annual report notification)}$ For further information concerning this matter, please call: $\frac{Caroline Scott}{Name of Person} at (4994) S = 24 9596$ $\frac{FI}{Area Code & Daytime Telephone Number}$ |
| Firm/Company Firm/Company 504 St:11 forust terrace Address Sanfora F1 32741 City/State and Zip Code HS w++ 4562 O gnall . Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Cawline Scott Name of Person t t |
| Firm/Company Firm/Company 504 St:11 forust terrace Address Sanfora F1 32741 City/State and Zip Code HS w++ 4562 O gnall . Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Cawline Scott Name of Person t t |
| Address Address Sanford For further information concerning this matter, please call: For further information concerning this matter, please call: The colspan="2">The colspan="2">The colspan="2">The colspan="2">The colspan="2">The colspan="2" Colspa="2" Colspan="2" Colspan="2" Colspa="2" Colspan="2" Colspa= |
| Address Address Sanford For further information concerning this matter, please call: For further information concerning this matter, please call: The colspan="2">The colspan="2">The colspan="2">The colspan="2">The colspan="2">The colspan="2" Colspa="2" Colspan="2" Colspan="2" Colspa="2" Colspan="2" Colspa= |
| $\frac{Senford}{Gity/State and Zip Code}$ $\frac{K_{S (\omega+1)} + 4S(\omega) O o n (1) Com}{E-mail address: (10 be used for future annual report notification)}$ For further information concerning this matter, please call: $\frac{Cawline}{Name of Person} = at (\frac{4w^2}{2}) \frac{5744}{PS796} \frac{95796}{PS77}$ |
| City/State and Zip Code <u>KSto4+4562 O grad1. Com</u> E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: <u>Caroline Sco4+</u> Name of Person at (<u>407</u>) <u>S 74</u> 9596 Area Code & Daytime Telephone Number |
| City/State and Zip Code <u>KSto4+4562 O grad1. Com</u> E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: <u>Caroline Sco4+</u> Name of Person at (<u>407</u>) <u>S 74</u> 9596 Area Code & Daytime Telephone Number |
| $\frac{K_{Stot+43502} O gmail. Com}{E-mail address: (to be used for future annual report notification)}$ For further information concerning this matter, please call: $\frac{Caroline Scot+}{Name of Person} at (407) 574 9596$ The further information is at the future annual report notification is a future annual report noti |
| Caroline Scott at (407) S74 9596 Name of Person Area Code & Daytime Telephone Number Date |
| Caroline Scott at (407) S74 9596 Name of Person Area Code & Daytime Telephone Number Date |
| Caroline Scott at (407) S74 9596 Name of Person Area Code & Daytime Telephone Number Daytime Telephone Number |
| Caseline Scott at (407) S 74 9596 Name of Person Area Code & Daytime Telephone Number Tot Tot |
| · · · · · · · · · · · · · · · · · · · |
| · · · · · · · · · · · · · · · · · · · |
| · · · · · · · · · · · · · · · · · · · |
| Enclosed is a check for the following amount: |
| |
| \$25.00 Filing Fee\$30.00 Filing Fee &\$55.00 Filing Fee &\$60.00 Filing Fee,Certificate of StatusCertified CopyCertificate of Status & |
| (additional copy is enclosed) Certified Copy |
| (additional copy is enclosed) |
| |
| |
| MAILING ADDRESS:STREET/COURIER ADDRESS:Registration SectionRegistration Section |
| Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building |
| |

Tallahassee, FL 32301

I.

| · , | S OF AMENDMENT TO S OF ORGANIZATION OF | | | |
|--|---|---------------|---------------|----------|
| (A Florida) | LLC. <u>y Company as it now appears on o</u> Limited Liability Company) | our records.) | 2011 HPR | -11 |
| The Articles of Organization for this Limited Liability C Florida document number <u>L11000010122</u> | Company were filed on $\underline{\lambda^{1}}$ | Jan. 2018 | nd assigned | |
| This amendment is submitted to amend the following: | | FLORIDA | D 48 STATE | ~ |

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

| Enter new principal offices address, if applicable: | 2164 | Platinum | Rd | Unit 'f' |
|---|--------------|----------|-------|----------|
| (Principal office address MUST BE A STREET ADDRESS) | Opopla | tl | | 32703 |
| Enter new mailing address, if applicable: | 710ri | Platinun | RD | crit " |
| (Mailing address MAY BE A POST OFFICE BOX) | apopka fi 3a | | 32703 | |

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

| Name of New Registered Agent: | | | | | |
|--------------------------------|------------------------------|----------|--------|--------------|----------|
| New Registered Office Address: | 2164 | Platinum | Rd | Unit | `'t " |
| | Enter Florida street address | | ddress | | |
| | Дрорка | | | _, Florida _ | 32703 |
| | | City | | | Zip Code |

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 608, 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

Page 1 of 2

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

| Title | Name | Address | Type of Action |
|---------------|--|---|------------------------------------|
| Morn | Caroline Scott | 507 Still forest terrace Sonford fi 32771 | X Add Remove |
| MGRM | Ramon Sanchez | 2581 breecy Meadow RD. apopica fi 32703 | Add Remove |
| | | | Add Remove |
| | <u></u> | | Add Remove |
| | | | Adding Remove |
| D. If amendin | ng any other information, enter change | (s) here: (Attach additional sheets, if necessary.) | Remove CI Remove CI FILORIDA |
| | | | |
| Dated APR | In leate | - Ľ. Ś. | |
| | Kyle S.J. Scott | or authorized representative of a member | |
| _ | Typed o | or printed name of signee Page 2 of 2 | |