## 11100026644

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

## **COVER LET**

TO: Registration Se Division of Cor		, p. 1		•
SUBJECT: AWES		ted Liability Compan	X	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.		
Please return all correspo	ndence concerning this matter t	to the following:		
	Morgaci	A R Sym	lith	
	Awesome	Finn/Company	1	
	9591 B	oridiwood	(Kd	
	Pensacola	FL ,	3d526	
	awi someshnish E-mail address: (1	110 9 yahoo o be used for future a	nual report notification	)
For further information co	oncerning this matter, please ca	di:		•
Margaret Name of	Smith Person	at (850 Area Code	) <u> </u>	
Enclosed is a check for th	ne following amount:	ļ		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Co (additional cop	ру	S60.00 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

Awisane finish 11c	
(Name of the Limited Liability Compar (A Florida Limited L	iv as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number LII 0000 26644	were filed on Ma(Ch 15 2011 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	tity company here:
The new name must be distinguishable and contain the words "Limited Liabili	· [ · · · · · · · · · · · · · · · · · ·
Enter new principal offices address, if applicable:	EB I SETAR
(Principal office address MUST BE A STREET ADDRESS)	2 887
	P 196
Enter new mailing address, if applicable:	7: 50
(Mailing address MAY BE A POST OFFICE BOX)	
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 Zip Code
New Registered Agent's Signature, if changing Registered Agent:	ing code
I hereby accept the appointment as registered agent and agre 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 my duties, and I am familiar with and rowided for in Chapter 605, F.S. Or, if this document is
If Chan	ging Registered Agent, Signature of New Registered Agent

If amending or removed	g Authorized Person(s) authorized to m from our records:	anage, <u>enter the ti</u>	tle, name, and address of e	each person being added
MGR = M AMBR = A	lanager authorized Member			
<u>Title</u>	<u>Name</u>	Address		Type of Action
MGRM	Margacet R Smith	9591 8	ridewood Kd	EF Add
				Remove
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D. If amending any other information, enter change(s) here: (Atta	th additional sheets, if necessary.)	
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	<b>18</b>	SEC
	F. E. S.	AHA AHA
	17 F	787 L
	PM 7:	, 묶c
	5	JATE OF THE STATE
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date on Note: If the date inserted in this block does not meet the applicable stat document's effective date on the Department of State's records.		
If the record specifies a delayed effective date, but not an ef (b) The 90th day after the record is filed.	fective time, at 12:01 a.m. on the earlier of:	:
Dated February 2m. 2018.		
Signature of a member or authorized rep	resentative of a member	
Jessie M. Smith		
Typed or printed name of	of signee	

Page 3 of 3

Filing Fee: \$25.00