L11000066889

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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COVER LETTER

	Registration Se Division of Cor				
SUBJEC		W AGAIN, LLC			
,		Name of Lin	nited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please ret	turn all correspo	ndence concerning this matter	to the following:		
•		PAMELA ANGELINE			
		***************************************	Name of Person		
		OLD IS NEW AGAIN, LI	LC		
			Firm/Company		
131 RIDGE CENTER DR					
			Address	***	
		DAVENPORT, FL. 33837	7		
		OLDISNEWAGAIN131@	City/State and Zip Code GMAIL.COM	SEC.	
		E-mail address: ((to be used for future annual report notificat	NAR 20 PRETARY AHASSEE	
For furthe	er information co	oncerning this matter, please c	all;	20 SSEE	
PAMELA	A ANGELINE		863 353-6828 at ()	OF S.	
	Name of	f Person	Area Code Daytime Te	lephone Number 2	
Enclosed	is a check for th	e following amount:			•
■ \$25. 0	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

OLD IS NEW AGAIN, LLC		
(Name of the Limited Liabilit (A Florida	ty Company as it now appears on our re Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability C		
Florida document number L11000066889 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here:		
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 6-8-2011 and assigned Florida document number 11 1000066889 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, energitered name of the pregistered agent and/or the new registered office address here:		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
• • • • • • • • • • • • • • • • • • • •		The east 100
B. If amending the registered agent and/or regist registered agent and/or the new registered office add	tered office address on our reco ress here:	ords, enterothe name of the n
Name of New Registered Agent:	 	2 A 2 3
New Registered Office Address:	Enter Florida street ad	Mroce
	Pures 1 tours an eet an	MAF AANS
		. Florida

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 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	Address	Type of Action
MGR	DOUGLAS B. SIMPSON	1102 LA COSTA LN. WINTER H.	Add
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			□ Add
			Remove
			SECRETARY C
			OF SI Gemove O
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Affective date, if other than the date of filing: MARCH 7, 2017 (opt	tionalT 🛶	
f an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days aften the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	er filing.) Pursuant to 60	05.0207 (3 sted as th
ne record specifies a delayed effective date, but not an effective time, at 12:01 The 90th day after the record is filed.	a.m. on the earl	lier of:
Dated 3-/6, 24/7.		
Signature of a member or authorized representative of a member		
PAMELA ANGELINE		

Page 3 of 3

Filing Fee: \$25.00