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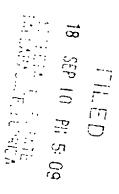
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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJEC	Armenia St	ate LLC		fication)
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of Limi	ited Liability Company	
The enc	losed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspon	ndence concerning this matter	to the following:	
		Mel Jacobson		
		Armenia State LLC	Name of Person	
		PO Box 18404	Firm/Company	
		Tampa FL 33679	Address	
		djacobson53@gmail.com	City/State and Zip Code	
Liver diseas	han in Campanation as		to be used for future annual report notific	cation)
	cobson	oncerning this matter, please or	813 731 1653	
	Name o	f Person	Arca Code Daytime	Telephone Number
Enclose	d is a check for th	ne following amount:		
□ \$25	.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 2601 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Armenia State LLC	
(<u>Name of the Limited Li</u> (A Fi	ability Company as it now appears on our records.) onda Limited Liability Company)
The Articles of Organization for this Limited Liabili	ity Company were filed on 6/08/11 and assigned
lorida document number L11000067072	
his amendment is submitted to amend the followin	
a. If amending name, enter the new name of the	limited liability company here:
ie new name must be distinguishable and contain the words	"Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable	
Principal office address MUST BE A STREET AI	DDRESS)
inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX	<u> </u>
numing undress PETF DE A FOST OFFICE DOS	'
	registered office address on our records, enter the name of the n
egistered agent and/or the new registered office	address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
_	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 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

Title	Name Cynthia Jacobson	Address 3825 Henderson Blvd., STE	Type of Action
MGRM		100 Tampa, FL 33629	Add
			■ Remove
			Change
			☐ Remove
			☐ Change
			D,Add
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. Effective date, if other than th (If an effective date is listed, the date m	e date of filing:			(optiona	1)	
(It an effective date is listed, the date in Note: If the date inserted in this bedocument's effective date on the bedocument's	plock does not meet the ap	pplicable stat	t thing or more than utory filing requir	ements, this da	ig.) Pursuant to 602 te will not be list	8.020 ed a
the record specifies a delayed). The 90th day after the re		t not an ei	fective time, a	t 12:01 a .m	, on the earli	er
Dated September 6	2018					
	W. A	Solu	presentative of a mer			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00