# L11000675918

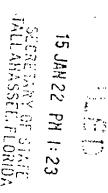
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### **COVER LETTER**

ь		,	
SIDIECT.	10671	1/2	
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Coles	7 Jan 6	
		Name of Person	
	LD67	Tille	
		Firm/Company	
	9420 1	UW 13 th 54	
	Gainesvi	ille, Fl 32653	
	Name of Limited Liability Company  of Amendment and fee(s) are submitted for filing.  pondence concerning this matter to the following:  Glew Jones  Name of Person  LDGT, IIC  Firm/Company  9420 NW 13 th 54  Address  Gainesville Fl 32653  City/State and Zip Code  glew last Loftense com  E-mail address: (to be used for future annual report notification)  of concerning this matter, please call:  Jones at 352  Area Code Daytime Telephone Number		
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:    Some Solution   Some Solution   Solut	fication)		
For further information c	oncerning this matter, please c	all:	
Gless	T	262 306	-2045
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	Solution Status \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

#### 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

LDGT. 11c			
( <u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records.) oility Company)		
The Articles of Organization for this Limited Liability Company we	ere filed on $\frac{7/6/20/2}{}$ and assigned		
Florida document number <u>L 110000 759/8</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabilit	y company here:		
(Name of the Limited Liability Company as it new appears on our records.)  (A Horda Limited Liability Company)  the Articles of Organization for this Limited Liability Company were filed on 7/6/20/2 and assigned dorida document number LILODO 758/B  his amendment is submitted to amend the following:  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 "LLC" are new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  If amending the registered agent and/or registered office address on our records, enter the name of the new gelstered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Agent:  New Registered Agent's Signature, If changing Registered Agent:  thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the evoisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and every reflect a change in the registered agent as pyrivided for in Chapter 605, F.S. Or, if this document is ning filed to merely reflect a change in the registered office dadress, I hereby confirm that the limited liability			
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 offic registered agent and/or the new registered office address here:	have been month		
Name of New Registered Agent:			
New Registered Office Address:			
	59 =		
New Registered Agent's Signature, if changing Registered Agent:			
provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as pro	rformance of my duties, and I am familiar with and vided for in Chapter 605, F.S. Or, if this document is		

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Name **Address Type of Action** AMBR Kathryn Jones 9420 NW 13th St NAdd Gaines ville, Fl 32653 - Remove AMBR Shane Nobles 5108 NW 64th Bld WAdd Gainesuille F/ 32653 TRemove \_□ Add TI Remove i Remove □ Add T Remove

D. If amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
•		
<del></del>		<b></b>
(The effective d	te, if other than the date of filing: (optional) the must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after recument is filed by the Florida Department of State)	
Dated	January 6th, 2015.	
	Hom form	
_	Signature of a member or authorized representative of a member	
_	Glenn Jones	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

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