(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sevenity Wails i Pedispa LLC 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 Person
Firm/Company
119 Blue Ridge Drive
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call;
Name of Person at (239) 732-8745 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status \$30.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)				
The Articles of Organization for this Limited Liability Company v	were filed on 07/01/2011 and assigned				
Florida document number <u>L110000</u> 71635	2				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabil The new name must be distinguishable and contain the words "Limited Liability".					
Enter new principal offices address, if applicable:	119 Blue Kielo Disso				
(Principal office address MUST BE A STREET ADDRESS)	Norther FT 34113 11				
Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX)	119 Blue Ridge Digne Nagies Fl 341102				
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:	ice address on our records, enter the name of the new				
Name of New Registered Agent: 1900 New Registered Office Address: 119 New Registered Office Address:	Enter Florida Tip Code City Zip Code				
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office of	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is				

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

or removed from our records: MGR = Manager AMBR = Authorized Member **Title Address** Type of Action Name | _□ Add □ Remove ☐ Change _□ Add _□ Remove _□ Change _□ Add □ Remove <u>...</u>□ Change _□ Change □ Add _□ Remove _□ Change □ Add □ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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ctive date, if other than the officitive date is listed, the date must e: If the date inserted in this blooment's effective date on the De	be specific and ak does not r	d cannot be pomeet the app	licable statu	filing or more to story filing rec	nan 90 days afte	onal) r filing.) Pursu s date will n	uant to 605.03 of be listed
record specifies a delayed he 90th day after the reco			not an eff	ective time	, at 12:01	a.m. on th	ne earlier
ed OF 40 PER	30	. <u>3</u> 9	2/7				
Max Rice							
	ignature of a	member or a	11000 <i>0750</i> 1555	esentative of o	member		

Page 3 of 3

Filing Fee: \$25.00