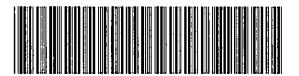
11000113308

(Re	questor's Name)	
(Ad	dress)	
(Ad	idress)	<u> </u>
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500335957405

10/28/19--01019--009 **25.00

19 OCT 28 ANII: 47

100 8 100 COS 100 S 100

COVER LETTER

Division of Corp	orations		
SUBJECT: DEL	AND MARIG	_	
	Name of Lim	ited Liability Company	·
			100
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	5
Please return all correspor	dence concerning this matter	to the following:	
	William	M. WATFORCE	JR
		Firm/Company	
	238 B	ECINDA DR Address	
	DELAHD	FL 3272	0
	delandb E-mail address: (1	City/State and Zip Code Si L O O T L O Co to be used for future annual report notif	K. Com
For further information co	ncerning this matter, please ca		
_William		at (386) 736 Area Code Daytime	-1095
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filling Fee	<u> </u>	☐ \$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:

TO:

Registration Section

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

MA	Rigold LLC	8 7
(<u>Name of the Limited</u> (A	Liability Company as it now appears on c Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Lia	hility Commany were filed on	t 3 2011 and and 3 9
The Articles of Organization for this Limited Lial	308	and assigned.
This amendment is submitted to amend the follow	ving:	
A. If amending name, <u>enter the new name of t</u>	the limited liability company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address on our	records, enter the name of the new
the new registered on	ce address here.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida su	reet 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	

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ERIN F WATFORD	238 BelinDA DR. DELAND, FL 32720	\ \Add
		DELAND, FL 32720	Remove
			Change
			Remove
			Change
			D Add
			□ Remove
			Change
		<u> </u>	D Add
			□ Remove
			Change
			□ Add
			Remove
			□ Change
			_Ü Add
			_□ Remove
			□ Change

								<u> </u>		
									- -	
			<u> </u>							
							· · · · · · · · · · · · · · · · · · ·			
		<u> </u>	-				<u>.</u>			
	<u></u>					* **				
_	_						_			
			· . <u> -</u>				 		-	-
	<u> </u>						<u>.</u>	_	<u> </u>	
							.			
	 _				 -				<u> </u>	
									<u></u>	
									_	
					_ 				, <u>.</u> .	_ <u>-</u>
an effective da lote: If the d	ate is listed, the late inserted i	han the date e date must be s in this block c on the Depart	pecific and e loes not me	annot be pri	licable statu	filing or mor story filing	e than 90 requirem	(optional days after fents, this	iling A Porso	ant to 605.0207 of be listed as
e record sp The 90th	pecifies a d day after t	delayed eff the record	ective da is filed.	ite, but r	ot an eff	ective tin	ne, at 1	l2:01 a.	m. on th	e earlier of
ated	ct	22	·	201	9 -	. []	\bigcirc	0		
	-1 λ λ	, V ()	/ / / /	. 1	11/01	V X 55-	, V	4		
		Sign	ature of a mo	ember or au	thorized repr	resentative of	i a membi	<i>[</i>		

Page 3 of 3

Filing Fee: \$25.00