111000131703

(Requestor's Name)				
(Addi	ress)	-		
(Add	ress)			
(City/	/State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
(Busi	iness Entity Nar	me)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
	٠			

Office Use Only



900298526489

05/01/17--01011 -030 **25.00

17 MAY -1 PH 2: NS

WY 03 2017 HARRIS

COVER LETTER

s &

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

	00p 911, LLC
(A Florida Li	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number LII 000 13 1 70 3	npany were filed on 11/18/11 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limiter	d liability company here:
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	3329 SKYWagon Drive - SESSI Crestnew, FL 32539 =
(Principal office address MUST BE A STREET ADDRES	ss) Crestnew, IL 32539 =
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3329 Skywagon Drive Crestnew, FL 32539
registered agent and/or the new registered office addres	
Name of New Registered Agent:	ellony kuester
New Registered Office Address:3	ellony Kuester 329 Skywagon Drive Enter Florida state address
	STYLEW, Florida 32539 Zip Code
	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.

Mellony Susseles
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
MGIR	Kayla Martin	1201 Sunshine Drive	
		Crestview, FL 32839	Remove
			Change
MGR Mellony Kuester	3329 Skywagon Drive	X Add	
		Crestien FL 32539	□ Remove
			☐ Change
	 		Add
			Remove
		· · · · · · · · · · · · · · · · · · ·	Change
			Remove
			Change
			
			C Remove
			<u>№ 3.5</u> □ C tran ge (2.7)
			□ Add
		□ Remove	
			Change

Dlace	
Please remove Kayla Martin, address 1201 Drive, Crestnew, Fl 32539 as MGR and 1 with Mellony Kuester, address 332	Sunshine
Unive, Crestnew, FL 32539 as MGIR and I	replace
with Mellony Kuester, address 332	9
sky wagon Drive, Crestulew, Fl 32539 as	s MEIR.
effective May 1, 2017.	

	-
Effective date, if other than the date of filing: May 1, 2017 (option: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after file.	al)
If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fill Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date	ing.) Pursuant to 605.0207 (ate will not be listed as the
document's effective date on the Department of State's records.	
he record specifies a delayed effective date, but not an effective time, at 12:01 a.n The 90th day after the record is filed.	n. on the earlier of:
The 90th day after the record is filed.	17
Dated April 27 , 2017.	
· · · · · · · · · · · · · · · · · · ·	1 83
$1/A_1AYA$ $1A = 1A/1 MA/A / (A/1)$	
Signature of a member or authorized representative of a member	19 19 19 19 19 19 19 19 19 19 19 19 19 19
Signature of a member or authorized representative of a member LAVIA H. MAV-IN	1 98 3 3 143

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00