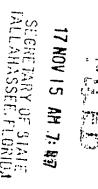


(Re	questor's Name)	
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Special Instructions to	Filing Officer:	
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11/15/17--01021--019 **25.00



COVER LETTER

	gistration Sec rision of Corp			
SUBJECT:	29909, LLC			
SUBJECT.		Name of Limi	ted Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are subr	mitted for filing.	
Please return	all correspon	ndence concerning this matter t	to the following:	
		THOMAS C. LITTLE, ESC	QUIRE	
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
		THOMAS C. LITTLE, P.A	٠.	
			Firm/Company	
		2123 N.E. COACHMAN R	OAD, SUITE A	
			Address	
		CLEARWATER, FL 3376	55	
			City/State and Zip Code	
		janet@thomasclittle.com	o be used for future annual report notific	antinu)
For further in	nformation co	oncerning this matter, please ca		Cation)
THOMAS C. LITTLE, ESQUIRE		727 443-5773		
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	a check for th	e following amount:		
■ \$25.00 F	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 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi Florida document number L11000140351	lity Company were filed on 12/14/2011	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>ente</u> e <u>address here</u> :	er the name of the new
Name of New Registered Agent:		S 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
New Registered Office Address:	Enter Florida street address	AN 7:
-	, Florida,	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 **Type of Action** <u>Title</u> <u>Name</u> <u>Address</u> FRANCIADRIANA MOLINA MGMR 28540 U.S. 19 _□ Add CLEARWATER, FL 33761 **■** Remove _□ Change _ 🗆 Add □ Remove □ Change _□ Add ☐ Remove _□ Change ☐ Add ☐ Remove ☐ Change _□ Add □ Remove _□ Change _□ Add

☐ Remove

☐ Change

	
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Effective date, if other than the date of filing: f an effective date is listed, the date must be specific and cannot be prior to defective date.	
Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as
ne record specifies a delayed effective date, but not an The 90th day after the record is filed.	n effective time, at 12:01 a.m. on the earlier of
Dated NOVEMBER 13, 2017	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00