L12000004037

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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DIVISION OF CORPORATIONS

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COVER LETTER

FO: Registration S Division of Co			
843 FAUL SU BJECT :			
50BJEC1.	Name of Lim	ited Liability Company	 .
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	_	
	David C. Koch, Trustee		
		Name of Person	
	843 FAULL LLC		
		Firm/Company	
	PO Box 542307		
		Address	
	Merritt Island, FL 32954-2	2307	
		City/State and Zip Code	
	casalomaholdings@gmail.c		
For further information	concerning this matter, please co	to be used for future annual report notifi all:	cationy
David C, Koch, Trustee		321 258-5503 at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 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:

TO:

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

843 FAULL LLC			
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appeared Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Florida document numberL12000004037	y Company were filed on _	01/09/2012	and assigned
This amendment is submitted to amend the following	ţ;		
A. If amending name, <u>enter the new name of the l</u>	limited liability company b	nere:	
The new name must be distinguishable and contain the words	Limited Liability Company," the	designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office address o	n our records, <u>ent</u>	DI JUL 14 PH 2: 27he ne
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	orida street 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
MGRM	KOCH, VERNON R, Trustee	635 SOMMERS HAMMOCK LAY	Add
		MERRITT ISLAND, FL 32953	■ Remove
			Change
			🗆 Remove
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			Change

-	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an e: Note:	tive date, if other than the date of filing:
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	July 11 2017 Signature of a member or authorized representative of a member
	David C. Koch, Trustee Typed or printed name of signee

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Filing Fee: \$25.00