L12000048289

(Re	equestor's Name)		
(Ac	ldress)		
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(Ci	ty/State/Zip/Phoni	e #)	
PICK-UP	Mait	MAIL	
(Bu	isiness Entity Nar	me)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer.		
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Office Use Only



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TO DEC 12 PH 41 83 ST. DEC 12 PH 4:

M. MILLIGAN DEC 12 2017

COVER LETTER

TO: Registration Sec Division of Corp								
SUBJECT: Tod	Name of Limit	ted Liability Company	LLC					
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.						
Please return all correspon	ndence concerning this matter t	o the following:						
	Biyan T	- white						
	(Name of Person						
	Todd anis	Firm/Company	e, LLC					
	1900 Centre	Pointe Blud.	#81					
Tallahossee Fl. 32305								
E-mail address: (to be used for future annual report notification)								
E-mail address: (to be used for future annual report/sourteation) For further information concerning this matter, please call:								
Byan T. Name of	Wu. H	at (\$50) 322 Area Code Daytime	- 9754 c Telephone Number					
Enclosed is a check for th								
□ \$25.00 Filing Fee	S30.00 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 Dability Company as it now appears on our records.)

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Apr. 9 2012 and assigned Florida document number <u>L120000 48289</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liabi	
Enter new principal offices address, if applicable:	1900 Centre Pointe Blud #81 Tallabassec, Fl. 32308
(Principal office address MUST BE A STREET ADDRESS)	Tallabassec, Fl. 32305
Enter new mailing address, if applicable:	1900 Centre Pointe Blud H.
(Mailing address MAY BE A POST OFFICE BOX)	Tallahassee, Fr. 32-308

Name of New Registered Agent:

New Registered Office Address:

1900 Centre Pointe Blue #81

Enter Florida street address

Tallahassee Florida 32308

City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

registered agent and/or the new registered office address here:

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> Name <u>Address</u> Type of Action 1900 Centre Pointe Blud DAdd awayaya Biyan T. Wnite #81______ D Remove Tallahassec, Fl. 32308 Schange 1900 Centre Pointe BlVd. WAdd. V. Paresident Debia R. white <u>⊬8</u> □ Remove Tallahassec, Fl. 32308 Change □ Add _□ Remove _□ Add _□ Remove ☐ Change □ Remove □ Change □ Add □ Remove

: Ban	rending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
		-	
doct	ctive date, if other than the date of filing:	not be riste	u as
) TI	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	ne earlie	: 01
Date	12/12/17		
			ΨJ.
	Signature of a member or authorized representative of a member		17 E
		330	5
	Bryan Told White Typed or printed name of signee		5
	Typed or printed name of signee	12	CO
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	Page 3 of 3	PM 4: 12	<u> </u>
	Filing Fee: \$25.00	2	5

Filing Fee: \$25.00