## L120000t3037

· (Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
☐ WAIT	MAIL					
(Business Entity Name)						
(Document Number)						
_ Certificates	s of Status					
Special Instructions to Filing Officer:						
	dress)  dress)  y/State/Zip/Phone  WAIT  siness Entity Nare  cument Number)  Certificates					

Office Use Only



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N. Culligan ICT 1 7 2012

## **COVER LETTER**

TO:	Registration Section Division of Corpora		•	·•		, s*
SUBJE	CT:	Name of Limite	oldings, ed Liability Compan	<u>uc</u>		
The end	losed Articles of Ame	ndment and fee(s) are subn	nitted for filing.			
Please 1	eturn all corresponden	ce concerning this matter t	o the following:			
	_	Sai	Name of Person	GUZZ1		
	_	V o	fer Hold	inge, LL	. <u>c</u>	
	_	F1F01	nw 11th Address	Street		
	Pembroke Anes, FL 33026 City/State and Zip Code					
		E-mail address: (to	be used for future and	ual report notificati	ion)	
For fur	her information conce	rning this matter, please ca	11:			
	MILY OR Name of Pers	noy d	at ( <u>365)</u> Area	<u>397 - 85</u> Code & Daytime Te	POO elephone Number	
Enclose	ed is a check for the fol	lowing amount:				
<b>≥</b> \$25	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing F Certified Cop (additional co		\$60.00 Filing Fee Certificate of St Certified Copy (additional copy	atus &

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

FILED.
12 OCT || AM 10: TL

(Name of the Limited Liability Compa (A Florida Limited I	Holdings, LL	C FALLAHASSEE, FLORIDA			
The Articles of Organization for this Limited Liability Company	•	D 2012 and assigned			
Florida document number <u>L12 0000 6303</u>	7				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the	e designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)		· · · · · ·			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					
(Muning address MAY BE A FOST OFFICE BOX)	-				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		cords, <u>enter the name of the new</u>			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
		, Florida			
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code			
New Registered Agent's Signature, it changing Registered Agent:	<u>i</u>				
I hereby accept the appointment as registered agent and agr the provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	plete performance of my provided for in Chapter	duties, and I am familiar with and 608, F.S. Or, if this document is			

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> Type of Action MGR Sarah Menegozzi ☐ Add Remove ☐ Add ☐ Remove Add . Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October Signature of a member or authorized representative of a member

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00