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## **COVER LETTER**

	ration Sect on of Corp				
SHR IF CT:	Hal	Charle			
SCBJEC 1	115(1	(14) LLC Name of Lim	ited Liability Company		
The enclosed A	rticles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all	correspon	dence concerning this matter	to the following:		
		Mandall I	Name of Person		
			Name of Ferson		
			Firm/Company		
			гинд отрану		
		4085 Savingin	14 (Me a Bluet Address		
		Orunge Pa	City/State and Zip Code		
			- GIY) CA   CA   to be used for future annual report notif		
		E-mail address: ()	to be used for future annual report notif	ication)	
For further infor	mation cor	seerning this matter, please ca	dt:		
Manded	(D. V.,	ixhn	at ( <u>GÖÜ</u> ) <u>LÖĞ - OG</u> Atea Code — Daytimo	23	
	Name of I	Perkon	Area Code Daytimo	: Telephone Number	
		following amount:			
□ \$25.00 Filin	g Fee	☑ \$30 00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
() () ()					
•		SG ADDRESS:	STREET/COURI		
. 1	Division	tion Section of Corporations	Registration Section Division of Corporations		
	P.O. Box Tallahass	. 6327 sec. FL 32314	Clifton Building 2661 Executive Ce	nter Circle	
			Tallahassee, FL 32	301	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u> </u>	1.14 K/C					
(Name of the Limite	d Liability Company A Florida Limited Lia	cas it now appears on ou ibility Company)	r records.)			
The Articles of Organization for this Limited Lie	ability Company w	rere filed on <u>May</u>	14+4 201	<u>Д</u> а	nd assi	gned
Florida document number <u>L12000065-31</u>	• •	,				
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liabili	ty company here:				
The new name must be distinguishable and contain the wa	. 4. mr. 5. 5. 4.1 (0.1.91)		ak	11		<del>-,</del>
The new name mass of distinguishable and contain the wi						
Enter new principal offices address, if applica	ible:	ala				
(Principal office address MUST BE A STREE)	T ADDRESS)			· · · -		
Enter new mailing address, if applicable:		nla		ALL	₽17 J	
(Mailing address MAY BE A POST OFFICE BOX)		1.12-3		34 T.	J. S.	
	<u></u>				2	
					<b>P</b>	1 1 1
B. If amending the registered agent and/o		ce address on our	records. <u>ent</u>	er⊇the i	i <b>an</b> ne (	of the new
registered agent and/or the new registered off	fice address here:			á,	<b>[</b> ]	
	14. A. O	535 AL A				
Name of New Registered Agent:	_Mand <u>e II</u>	D. Vaughn				
New Registered Office Address:	6733 103	Street Ste	27			
	\t.	Linter Florida stre	er address	. 7	<b>7</b> . / s	
	J&& K SUAN	Cin	Florida	را المارك مارك	710 700	-
		v nj		z.y.	i Cira	

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

Page 1 of 3

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 Title Name <u>Address</u> Type of Action MGR Mandrell D. Yaughn 4055 Sayanrah Glin Bluck Crunge Park, FL 3207: \_□ Remove .★Change MGB Marcos Torrance 1919 Buckholder Or E. □ Add Jacksonville, TL 32216 **⊠** Remove \_□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove

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tive date, if othe	r than the date of the date of	filing:	ta date of tiling or me	(option: ore than 90 days after fili	i <mark>l)</mark> ng y Pursuant to 605
If the date insert	ed in this block does	not meet the applic	rable statutory filing	requirements, this da	
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	// a C. G. Signature	e of a member or anth	orized representative	of a member	281. ALL
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Page 3 of 3

Filing Fee: \$25.00