112000072843

(Req	uestor's Name)	
bbA)	ress)	
(Add	ress)	
(City)	/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nam	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

Office Use Only



100303920201

10/04/17--01009--002 **25.00

O GIMMONS OCT 05 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 9501 US HW419, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
George C. Psetas Esq. Name of Person
Psetas, Moore & Tellow, P.A.
10816 U.S. Nuy 19 N. Ste. 105
Port Richer FC 34668 City/State and Zip Code
PSetas. 1 w President States of Stat
For further information concerning this matter, please call:
Surge C. Psetas at (207) 863-9005 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tailahassee, 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

9501 US HWY 19.	LLC	
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w Florida document number	vere filed on5/31/12—	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabili</u>	2	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	n/a	9 T
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	n/a	PH 12: 13
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, enter	the name of the new
Name of New Registered Agent:	n/a	
New Registered Office Address:	Enter Florida street address	
	, Florida	Zin 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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	George Handrinos	deceased	
			Remove
	0		□ Change
MGR	(atherine Handrinos	4940 Galleon Court	- DECADO
		1940 Galleon Court New Port Richey FL	Remove
		34652	☐ Change
			🗆 Add
			∪ □ Remove
			Charles T
			Remove Charlese AddP
			Remove
			Change
			🖸 Add
			□ Remove
			Change
			_□ Add
			_□ Remove
			□ Change

	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	na
	OCT OCT
	17 OCT -14 PH IZ
	+ F
	
(If an effective d Note: If the c	te, if other than the date of filing:
	pecifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of: day after the record is filed.
rs . 1	9/28/17
Dated	
	Signature of a member or authorized representative of a member
	Catherine Handlings

Page 3 of 3

Filing Fee: \$25.00