Li2000093162

(Req	uestor's Name)	
. (Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	ument Number)	<u></u>
Certified Copies	Certificates	s of Status
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Road to Holly w Name of Limi	od LLC ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Na	than Codner Name of Person	
	Roge	d to Holly wood Firm/Company	LLC_
	6916	NW 70th Ave.	
	Tamara	C FL, 33321 City/State and Zip Code	
	Road to H	olly wood @ y mail to be used for future annual operinotif	ication)
For further information c	oncerning this matter, please ea	all:	
Name o	Brown	at (954) 263 Area Code Daytime	- 73 8 7 Telephone Number
Enclosed is a check for the	he 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:

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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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**

RoadToHolly (Name of the Limited Liabilh	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ted liability company here:
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDR	(ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	tered office address on our records, <u>enter the name of the new</u> ress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered	d 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 = Ma $AMBR = Au$	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
MGLM	DAVID WINKLER	7910 NW 6CT	Add
		margate FL, 33063	Remove
			Change
WORM	DAVID CLARKE	8506 NW 23rd Manor W	
		Coral Springs FL 33065	Remove
			Change
	 	C.	Change D.Add
			Z D Remove
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fan effective date Note : If the date	if other than the date is listed, the date must be s e inserted in this block of etive date on the Depart	pecific and canno loes not meet th	ot be prior to date he applicable st	of filing or more that the state of filing or more that the state of t	(option nan 90 days after fil juirements, this d	ing.) Pursuant to 60:	5.020' ted a:
The 90th da	cifies a delayed eff by after the record	is filed.		effective time	, at 12:01 a.i	m. on the earli	er c
12.1	21/17		2:23pm .				
Dated/0/4							
Dated	M.	Ch		epresentative of a		·	

Page 3 of 3

Filing Fee: \$25.00