112000/05675

(Requestor's Name)
(Address)
(Address)
(1.03.033)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Amad

COVER LETTER

Division of Corp	orations		
APHORAO SUBJECT:	TO THE SON, LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter to	o the following:	
	CHRISTIE GAGNON		
		Name of Person	
		Firm/Company	
	618 BELLE ISLE AVENU	• •	
		Address	
	BELLEAIR BEACH, FLOI	RIDA 33786	
	· ·	City/State and Zip Code	
	CHRISTINE@GAGNONS.I		<u> </u>
	h-mail address: (to	o be used for future annual report or	etification)
For further information co	ncerning this matter, please cal	11:	
CHRISTINE GAGNON		727 460-7629	
Name of	Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for the	e 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:

TO:

Registration Section

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

mpany as it now appears on our records.) ted Liability Company)	
any were filed on AUGUST 16, 2012	and assigned
liability company here:	
iability Company," the designation "LLC" or the	abbreviation "L.L.C."
2	
	· <u> </u>
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	7 29
	<u></u>
l office address on our records, <u>ent</u> <u>here</u> :	er the name of the ne
Enter Florida street address	
, Florida	Zin Code
	iability company here: iability Company." the designation "LLC" or the

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	2011 KJ TRUST AGREEMENT DATED 2/21/2011	618 BELLE ISLE AVENUE, BELLEAIR BEACH, FL 33786	Add
			□ Remove
			Change
MGR	2001 KJ TRUST AGREEMENT, DATED 2/21/2011	618 BELLE ISLE AVENUE, BELLEAIR BEACH, FL 33786	Add
			Remove
			□ Change
			
			☐ Remove
		<u> </u>	Change
			☐ Remove
			Change
			Remove
			☐ Change
			☐ Remove
			☐ Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	-
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an effec ote: If	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlier o 0th day after the record is filed.
ited _	Nov. 22. 2018
	Aft Hannis
	Signature of a member or authorized representative of a member
	Olivert . 4/6-
	Typed by printed name of signee

Page 3 of 3

Filing Fee: \$25.00