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(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAřL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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	·	OVER LET	ER	r
ΓΟ: Registration Section Division of Corpor			'	
SUBJECT:	DR JS	HOU	use Call.	1240
-	Name of Limite	d Liability Company		
The enclosed Articles of Am	nendment and fee(s) are subm	itted for filing.		
Please return all corresponde	ence concerning this matter to	the following:		
	ANasta	sia	fare mou	r th
		, tunie or reison		
	DR	5 How	se Calls	11 C
		Firm/Company		
	160 La	ee ward	Ct	
	Marco	Isla	the Con	34145
	ACE	City/State and Zip Co	dde	t wet
	E-mail address: (to	be used for future and	mul report notification)	605
For further information cond	cerning this matter, please call			
.1 /	_	4 220	070 22	7 d
H Nostosia	Faremout	at (239)	Daytime Telephon	e Number
7.4		,		
Enclosed is a check for the t	following amount:			
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing F Certified Copy (additional copy i	s enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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**

Da 15 A	touse Calls LLC ny as it now appears on our records.)
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) hability Company)
The Articles of Organization for this Limited Liability Company Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	18 A-SE
Enter new mailing address, if applicable:	JAN -5
(Mailing address MAY BE A POST OFFICE BOX)	A EOC
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	A Nostosia Faremouth 160 Leeward Ct Enter Florida street address
New Registered Office Address:	160 Leeward Ct Enter Florida street address
Marco	O Island, Florida 34145 City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre	ee 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 mana or removed from our records:	ige, <u>enter th</u>	e title, name, and address of each	person being added
MGR = Manager AMBR = Authorized Member			
Title Name	Address		Type of Action
Marm Faremouth, James))/	60 Leeward Ct	🖸 Add
	Me	w II. FL 34145	Remove
			☐ Change
Marm Faremouth, Awastosia	16	o Leeword Ct	Add
Marm Faremouth, Awastosia	Ma	Is, FL 3414	∬□ Remove
			Change
FMBK Faremouth, Story	160	leeword Ct	
(Mo	co I, FL 34148	Remove
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ective date, if other that effective date is listed, the dat	te must be specifi	ie and cannot be prior	to date of filing or m	ore than 90 days afte	onal) r filing.) Pursuant to 6	05.02
te: If the date inserted in the ument's effective date on the control of the cont			able statutory filing	g requirements, thi	s date will not be h	sted
record specifies a del he 90th day after the	ayed effecti record is fi	ve date, but no led.	t an eff e ctive t	ime, at 12:01	a.m. on the ear	lier
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Filing Fee: \$25.00