L13000026461

(Requestor's	Name)
(Address)	
(Address)	
(City/State/Zi	p/Phone #)
PICK-UP W	AIT MAIL
(Business Er	ntity Name)
(======================================	,
(Document N	lumber)
Certified Copies Ce	rtificates of Status
Special Instructions to Filing Offi	cer:

Office Use Only



600317584976

G8/81/18--81818--019 ••85.30

18 AUG 31 PM 12: 27

SECRETARY OF STATE
DIVISION OF CORPORATION

N COOPER SEP 07 2018

•COVER LETTER

	gistration Sec vision of Corp		•	
eun iker		perties LLC		
SUBJECT		Name of Limi	ted Liability Company	
The enclose	ed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please retui	n all correspor	ndence concerning this matter	to the following:	
		Guy Landen (CO Julie H	arte)	
			Name of Person	
		Harte & Company Accou	inting and Tax Services Inc	
Firm/Company				_
		9424 Balm Riverview Rd	• •	
			Address	
		Riverview, FL 33569		
		guylanden@gmail.com	City/State and Zip Code	
		E-mail address: (t	to be used for future annual report	notification)
For further	information co	oncerning this matter, please ca	alt:	
Julie Harti	в		813 677-900 at ()	05
	Name of	Person	Area Code Da	ytime 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: 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

(Name of the Limit	ed Liability Compa (A Florida Limited	nny as it now appears on our r Liability Company)	ecords.)		
The Articles of Organization for this Limited Li Florida document number L13000026461	ability Company	were filed on 02/20/2013		and assig	ned
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation	"LLC" or the abbrev	iation "L.L.(<u></u>
Enter new principal offices address, if applic	able:	9424 Balm Riverview F	₹d	=	5
(Principal office address MUST BE A STREET ADDRESS)		Riverview, FI 33569		<u> </u>	201SI
				<u> </u>	
Enter new mailing address, if applicable:		9424 Balm Riverview F	₹d	P# 12:	10.430.0 10.43 10.43 11.43
(Mailing address MAY BE A POST OFFICE BOX)		Riverview, FI 33569			41
				7	-
B. If amending the registered agent and/ registered agent and/or the new registered of Name of New Registered Agent:		<u>.e</u> :	cords, <u>enter the</u>	name of	the ne
	9424 Balm Ri	verview Rd			
New Registered Office Address:		Enter Florida street	address		
	Riverview		_, Florida <u>33569</u>		
		City		Zip 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.

Vichanging 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>	Address	Type of Action
			Add
			□ Remove
			□ Change
			□ Add
			Remove
			☐ Change
			
		Remove	
			Change
			Remove
			Change
			🗖 Add
			Remove
			Change
			□ Remove
			Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
	18 AUG
	<u> </u>
	PH 12:
_	27 27 27 27 27 27 27 27 27 27 27 27 27 2
_	
Note: 11	te date, if other than the date of filing:
If the reco (b) The 9	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
≺ _{Dated} _	8/24/2018
×	And Centr
×	Signature of a member or authorized representative of a member
	Guy Landen
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00