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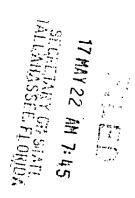
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COVER LETTER

Division of Corporations
SUBJECT: Amanda Alexander 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:
And Alexander Name of Person
Anada Alexando UC Firm/Company
10206 Worthy Lamb Way
New Port Richey FC34654 City/State and Zlo Code
Deliformelish and a analy Companies (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (1/21) 5 11 05 15 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\times \text{\$60.00 Filing Fee, Certified 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

Amondo Als	exampel (C	
(Name of the Limited Lial (A Flor	bility Company as it now appears on our rida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number 41300052	y Company were filed on Feb	Lion Land assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "I	imited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
		17 MAY
	,,, ,,,	
Enter new mailing address, if applicable:		参加 2
(Mailing address MAY BE A POST OFFICE BOX)		E S
		7 T
B. If amending the registered agent and/or registered agent and/or the new registered office a	gistered office address on our r ddress here:	ecords, enter the falme of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	t address
		. Florida
	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.

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 = Auth	orized Member		
<u>Title</u>	Name	Address	Type of Action
Monager	Robert E. Alexander	10200 Worthy Lamb W New port Richey Frest	∭ □ Add
		New port Richey FESH	SE Remove
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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filin	(optional)	uant to 605 01
te: If the date inserted in this block does not meet the applicable statutor cument's effective date on the Department of State's records.	y filing requirements, this date will n	ot be listed
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record specifies a delayed effective date, but not an effect he 90th day after the record is filed.	tive time, at 12:01 a.m. on tl	ne earlier
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Page 3 of 3

Filing Fee: \$25.00