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COVER LETTER

TO:	Registration So Division of Cor			•	
SUBJEC	RID K L	LC	•	•	
		Name of Lin	nited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		MICHELLE HOFFMAN	WROBEL		
			Name of Person		
		WROBEL ACCOUNTING	G		
			Firm/Company		
		910 LITHIA PINECREST	RD		
			Address		
		BRANDON, FL 33511			
			City/State and Zip Code		
		MICHELLE@WROBELA E-mail address: (CCOUNTING.COM to be used for future annual report notific	eation)	3 ÷
For furth	er information c	oncerning this matter, please c			- 15 기술 - 기술
MICHEL	LLE HOFFMAN		813 514-8273 at ()		
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed	is a check for th	ne following amount:			
■ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing F Certificate of S Certified Copy (additional copy is	Status &

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 Lin	nited Liability Company as it now (A Florida Limited Liability Con	appears on our records.) npany)	
The Articles of Organization for this Limited Clorida document number	Liability Company were filed	on <u>04/17/2013</u>	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability comp	any here:	
ROBERT JAMES BLAKELY LLC			
he new name must be distinguishable and contain the	words "Limited Liability Company	"," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appl	icahle:		
Principal office address MUST BE A STRE		-	• .
incipal office address with the A. St. N.	<u></u>	· -	ر بــــــــــــــــــــــــــــــــــــ
			<u> </u>
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	<u> </u>		<u> </u>
			<u> </u>
			G (M)
 If amending the registered agent and egistered agent and/or the new registered of 		ess on our records, <u>e</u> r	nter the name of the i
	omer address here.		
Name of New Registered Agent:	KEVIN D. WROBEL, CPA	<u> </u>	
New Registered Office Address:	910 LITHIA PINECREST	RD	
ner registered Office reduces.	En	ter Florida street address	
	BRANDON	. Florid	la _33511
	City	, 110110	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

RIDK LLC

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.

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
			Add
			Remove
			Change
			Remove
			Change
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			Remove
			Change
		-	Remove
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(If an effect Note: 1.	ve date, if other than the date of filing:
the reco	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 _	OCTOBER 8 2019
(
	Signature of a member or authorized representative of a member
	- Grand
	ROBERT J. BLAKELY

Page 3 of 3

Filing Fee: \$25.00