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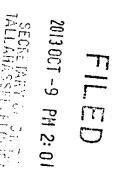
(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	•	:

Office Use Only



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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: Spec	cial Ticket	ed Liability Company	·····
	•	,,,,	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ndence concerning this matter	-	
r rease return an correspo.	idence concerning this matter	to the following.	
	Janiel	Quesada Name of Person	<del></del>
	Special.	Ticket Jut,	LLC
	685 Ja	mestown Blud	#1020
	Altanon	te Spring, FL	- 32114
	Doc Cu E-mail address: (to	City/State and Zip Code  Loa D Me.Cov  o be used for future annual report notificati	ion)
For further information co	oncerning this matter, please ca	all:	
Ronald S.	tephen Smith	167 780-	5287
Name of	Person	Area Code & Daytime To	
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	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

75 23

Special li	cket .	Lit	LLC	13 OK	
(Name of the Limited)	Liability Company Florida Limited Lia	y as it now appeability Company	) 1		
The Articles of Organization for this Limited Lie Florida document number L13000 o	ibility Company v	vere filed on	4/24/2013	and assign	ed 🗍
Florida document number L 1 3000 o	399 71		·	2: 01	U
This amendment is submitted to amend the follo	wing:			at the second	
A. If amending name, enter the new name of	the limited liabil	ity company h	ere:		
The new name must be distinguishable and end with "L.L.C."	the words "Limite	d Liability Com		j	
Enter new principal offices address, if applica	ble:	685	Jamestown	Blud #	1010
(Principal office address MUST BE A STREET	(ADDRESS)	Altan	oute fring,	FL 327	14
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE E	<u>80X)</u>	Daniel POB Lorgw	Quesada Ox 91756 ood, FL 3	ک 2791	
B. If amending the registered agent and/o registered agent and/or the new registered off			our records, enter	the name of t	<u>he new</u>
Name of New Registered Agent:	Daniel	Quesa	da		
New Registered Office Address:	685		town Blud #	1040	
	Altamont	e Sprinep	Enter Florida street add	32714	,
	•	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

<u>le</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remove
		/	<u>,                                    </u>
			Add
		/	<del></del>
	was a second and a second a second and a second a second and a second a second and a second and a second and		Add
			Remove
		/	TALLHAHASSONS TO SECOND TO
<del></del>	/	/	
		<del></del>	
	/		
			Add
,			Remove
		-	·
<del></del>			Add
			Remove

If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ed	July 29 2013
	Raced Steph Smith
	Signature of a member or authorized representative of a member
	Korald Steplen Smith Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

PILED
2013 OCT -9 PM 2: 01
SECRE MARSHES FINGER