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COVER LETTER

	Registration Se Division of Cor			
eun iez		FINDS, LLC		
SUBJEC	.I;	Name of Lim	ited Liability Company	
The enck	osed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		MICHAEL S. JONES		
		, , , , , , , , , , , , , , , , , , , 	Name of Person	
Division Div		FLORIDA FINDS, LLC		
			Firm/Company	
		P.O. BOX 380129		
			Address	
		MURDOCK, FL 33938		
			City/State and Zip Code	· ··· ··
		MIKEJ251@AOL.COM		
		E-mail address: ()	to be used for future annual report notifi	cation)
For furth	er information co	oncerning this matter, please ca	all:	
MICHA	EL S. JONES		941 276-6444 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
■ \$ 25.6	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:

TO:

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

FLORIDA FINDS, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L13000069109	were filed on MAY 10, 2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		2 3m N 3377
Enter new mailing address, if applicable:		2 00 C
(Mailing address MAY BE A POST OFFICE BOX)		- 10 (in the contract of the c
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		8 2
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		er the name of the ne
Name of New Registered Agent:	<u>-</u>	
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
	City	гар соце

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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CHAWNA M JONES		
		PO Box 380129 Murdock FI 33938	■ Remove
		 	Change
			☐ Remove
			Add
			□ Remove
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			□ Add
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	must be specific and cannot be prior to date of filing o		
	s block does not meet the applicable statutory fi e Department of State's records.	ling requirements, this date will not be the	sted a
unnaud na aasta	and affinition where there is a first second	N== = 12.01 = = = 1	14.
record specifies a dela he 90th day after the	yed effective date, but not an effective record is filed.	e time, at 12:01 a.m. on the ear	lier (
JUNE 19	. 2018		
	Signature of a member or authorized representate		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00