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SECRETARY OF STATE
AND THANSSEE FLORIDA

12/21/15--01045--017 **25.00

DEC 2 2 2015 S. YOUNG

COVER LETTER

TO: Registration Se Division of Co			
SUBJECT:752	NW 22 5 [†] Name of Lin	LLC nited Liability Company	· .
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Brian Kr	Pame of Person	TALLAND
		Firm/Company	EC 21 PM # 22 PLED WY 1157 WY 1157
	1189 Harbar	Rd, Hewlett,	レト1157 第2
		City/State and Zip Code *2 300 @ 5/79, 1. to be used for future annual report notifi	
For further information of	concerning this matter, please c	·	,
Brian K	f Q ; C c (at (SC) 7/5- Area Code Daytime	-5 4/9 Telephone Number
Enclosed is a check for t	he 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

752 NW 225	,			
(Name of the Limited	Liability Company as it A Florida Limited Liability	now appears on o Company)	ur records.)	
The Articles of Organization for this Limited Liab Florida document number	bility Company were f	iled on <u>\$/</u>	<i>[11/</i> [3	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability co	mpany here:		
The new name must be distinguishable and contain the wor	ds "Limited Liability Com	pany," the designa	tion "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicat	ble:			<u> </u>
(Principal office address MUST BE A STREET	ADDRESS)			<u> </u>
Enter new mailing address, if applicable:				F LEC DEC 21 P ET ARY OF NILYSSEE, I
(Mailing address MAY BE A POST OFFICE B	<u></u>			S17 4
				22 111 110 A
B. If amending the registered agent and/or registered agent and/or the new registered office		ddress on our	records, enter	the name of the new
Name of New Registered Agent:	Front Sai	er		
New Registered Office Address:	Frank Said 1701 NW Gaines ville	80th Bl	vd. Scita	2 102
	Gaines ville	2_	Florida	32 <i>606</i>
	Cit	y	, i ioi iua	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

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Effec	tive date, if other than the date of filing: (optiona		22	
lf an ei Note:	Fective date, in other than the date of filing or more than 90 days after filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this dancent's effective date on the Department of State's records.	ig.) Pursua	nt to 60 t be lis	5.0207 (3 ted as th
he re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m e 90th day after the record is filed.	. on the	e earl	ier of:
Dated	December 14, 2015			
	and the second second			
	Signature of a member or authorized representative of a member			
	Brian Weizel			

Page 3 of 3

Filing Fee: \$25.00