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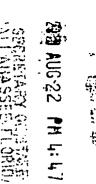
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

TO: Registration Section Division of Corporations The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: E-mail address: (to be used for future annual report notification For further information concerning this matter, please call: Enclosed is a check for the following amount: □ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) 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

(Name of the Limited Plahility Compa) (A Florida Limited I.	ny as it now appears on ou	records.)
. (A Florida Limited L	lability Company)	A SAN
The Articles of Organization for this Limited Liability Company	were filed on $8/1$	14/13 and assigned)
Norida document number <u>L/3000/14620</u> .	-	•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8228 GH	1 <u>f Blvd</u> El 32566
Principal office address MUST BE A STREET ADDRESS)	Navarre,	t/ 32566
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered of		records, enter the name of the n
egistered agent and/or the new registered office address here	2:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
-		Florida
	Cuy	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent and agre		
rovisions of all statutes relative to the proper and complete $ ho$		aria da III da Arabita de Filodo II de Filod

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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
member	Jamie Neimith	8228 Gulf Blvd	D Add
		8228 Gulf Blvd Navarre, F1 3256	Remove
			Change
			Add
			□ Remove
			Change
			□ Remove
			Change
			🗖 Add
		□ Remove	
			Change
			
			□ Remove
			Change
	·		D Add
			Remove
			□ Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
Effective date, if other than the date of filing:	07 (3 xt is the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed.	of:
Dated August 13 . 2019 Signature of a member or authorized representative of Amember	
Boutrice A. Hering Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00