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COVER LETTER

rporations	•	* -		
	·			
Name of Lim	ited Liability Company			
Amendment and fee(s) are sub-	mitted for filing.			
ondence concerning this matter	to the following:			
Leigh K Fletcher				
	Name of Person	.		
Fletcher Fischer Pollack P.	L.			
	Firm/Company			
433 Central Avenue, Suite	400			
<u></u>	Address			
St Petersburg, FL 33701				
	City/State and Zip Code	<u> </u>		
E-mail address: (to be used for future annual report no	tification)		
concerning this matter, please ca	all:			
	813 898-2828 at ()			
of Person	Area Code Dayti	me Telephone Number		
■ \$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)		
	Street Address:			
	Registration Section			
	Fischer, P.L. Name of Limitation of Limitat	Fischer, P.L. Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Leigh K Fletcher Name of Person Fletcher Fischer Pollack P.L. Firm/Company 433 Central Avenue, Suite 400 Address St Petersburg, FL 33701 City/State and Zip Code Ifletcher@fletcherfischer.com E-mail address: (to be used for future annual report no concerning this matter, please call: 1813 1898-2828 1919 Person Area Code Dayti The following amount: Street Address: Section Corporations Street Address: Registration S Division of Co		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ity Company as it now appears on our records.) a Limited Liability Company)
Company were filed on 12/11/2013 and assigned
·
nited liability company here:
nited Liability Company," the designation "LLC" or the abbreviation "LLC"."
90 *
RESS)
ed office address on our records, enter the name of the new register
Enter Florida street address
, Florida
City Zip Code
<u> </u>

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
MGRM	Anne Q Pollack	433 Central Avenue	□Add
		Suite 400	□Remove
		St Petersburg, FL 33701	
			S CALL BREMOVE
			CRange 5
			□Remove
			□Change
			□Remove
			Change
			□Add
			Remove
			Change
			Remove

Page 2 of 3

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Effecti	ive date, if other than	the date of fi	ling: <u>Ja/</u>	WARY &	2 2020	(optional)	
Note:	ective date is listed, the date If the date inserted in th	is block does n	ot meet the app	licable statutory	g or more than 90 d filing requireme	lays after filing.) ents, this date v	Pursuant to 605.0207 vill not be listed as
docum	ent's effective date on the	he Department (of State's recor	ds.			
the rec	ord specifies a dela	aved effectiv	e date, but	not an effect	ive time, at 1	2:01 a.m. o	on the earlier of
	90th day after the				,		
Dated .	12/2	P	201	?			
Dated	1		7	·	/		
		/ /					
		Signature	fa member or a	thorized represen	tative of a member	· · · · · · · · · · · · · · · · · · ·	

Page 3 of 3

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