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COVER LETTER

Division of Corpo				
subject: <u>Lebb</u>	y Decs LLC Name of Limit	ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	William	La llaw 94 Name of Person		
	Lobby 1	Does LLC Firm/Company		
	3412	0.1	vice 2	
	Tollahassee ! Will O the	FL 32317	·	
	Will D the C	to be used for future annual report notifica	2015 OCT 28 SEGRETARY TALLAHASSE	-17
For further information to	ncerning this matter, please c		CT)	
Name of	Person	at () Area Code Daytime T	Telephone Number 25	
Enclosed is a check for the	e 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

Lobby Docs LLC			
Lobby Docs LLC (Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>しけらひらしはら</u> し.	were filed on	27/14	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the design	nation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:		SECRETA	70 CT
(Mailing address MAY BE A POST OFFICE BOX)		SA CHANGE	7 T
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		로 records, effert	he mame of the new
Name of New Registered Agent:	-		
New Registered Office Address:	Enter Florida s	street address	
		, Florida	
	City	, r writed	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		

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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	William Calloway	34172 Weems Rd Svite 2	☑ Add
		34172 Weems Rd Svite 2 Tallchassee FC 32317	□ Remove
			Change
			□ Add
			Remove
			Change
			Add
			Remove
			Change
		<u> </u>	SECULIA OCI TANI
			Change
			DPAdd
			Remove
			Change
			Remove
			□ Change

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fective date, if other in effective date is listed to tet. If the date inserted the date inserted the date in the	ed, the date must be s rted in this block (specific and ca does not me	annot be prior t et the applica	to date of filing	or more than 90 of filing requirem	(optional) days after filing. ents, this date) Pursuant t	to 605.020 e listed a
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record specifies The 90th day af			te, but not	an effecti	ve time, at 1	l2:01 a.m.	on the e	earlier (
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Page 3 of 3

Filing Fee: \$25.00