## 414000036334

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:

Office Use Only



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August 21, 2017

WILLIAM W. SCHULTZ 2356 SCHOONER LANDING ST. GEORGE ISLAND, FL 32328

SUBJECT: 119 MARKET STREET, LLC

Ref. Number: L14000036334

We have received your document for 119 MARKET STREET, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist III

X.

Letter Number: 617A00017153

ALCAHASSEE FLORIDA

www.sunbiz.org

## **COVER LETTER**

TO: Registration Sec Division of Corp				
SUBJECT:		that 5t LLC		
	mendment and fee(s) are sub			
Please return all correspon	oence concerning this matter	to the following:		
	Bills	Shulta		
		Name of Person		
		MALKET ST	<u> </u>	
		Firm/Company		
	2356	Schoner LA	oding	
		Address		
	St. Goods	City/State and Zip Code	7 32328	
	Billy (A)	TELFAIR BAO	HCHS - Copy 2	
	•		يساح إيراجيز	·-\-\
For further information coi	ncerning this matter, please ca	il:	AHA AUG	. 1
Bills	Shulte	at (77g 52.	7-09063 2	111
Name of I	Person	Area Code Daytime	: Telephone Number	( 1 ) 
				$\mathbf{C}$
Enclosed is a check for the	following amount:		RIDA To	
□ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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/COURTER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

119	MAKKel	St LLC	
(Name of the Limite	d Liability Compa A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Lie Florida document number	ability Company	were filed on $3/4/20/4$	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and contain the we	ords "Limited Liabi	lity Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:		Billy Schultz	
(Principal office address MUST BE A STREET ADDRESS)		2356 Schooner Landing	
		St. George Island, FL 32328	
B. If amending the registered agent and/o registered agent and/or the new registered off	or registered of fice address her	ffice address on our records, <u>enter</u> e:	the name of the new
Name of New Registered Agent:	- Billy	Schultz	<u> </u>
New Registered Office Address:		coner Landing  Enter Florida street address  sland, FL 32328  Florida  City	Critical Total August 1
New Registered Agent's Signature, if changing R	egistered Agent:		
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing of this company has been notified in writing of the company has been notified in writing of this company has been notified in writing of this company has been notified in writing of this company has been notified in writing of the company has been notified in writing the company has been	er and complete tered agent as p egistered office change.	performance of my duties, and I am j provided for in Chapter 605, F.S. Or,	familiär witt and if this document is mited liability

Page 1 of 3

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 Name A MBR Bills Schultz 2356 Schoner / Knling St. Gents, Il Fl
Charles H Collong MGR Health Callothermore ☐ Change ☐ Remove ☐ Change □ Remove ALLAH ALLAH Remove □ Add ☐ Remove \_□ Change □ Add □ Remove

☐ Change

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Filing Fee: \$25.00