U400004465

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

Office Use Only



800261316828

08/13/14--01017--004 **25.00



AUG 13 2014 S. YOUNG

COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corp	porations			
SUBJECT: LBA	nd a LLC			
	Name of Lim	ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Dean Tro	Name of Person		SECRET TO THE
	Carcy Many	Name of Person Igeneat Scruice Firm/Company		
	970 LAKC	Carrilon ste	300	10 1
	St. Petersbur	The same of future annual report notifications.	33716	
	Vtroupe (2) A+1	cticsam, com to be used by future annual report notifi	cation)	
For further information co	oncerning this matter, please ca			
Dean Tro	200C Person	at (727) 4/2 - Area Code Daytime	3767 Telephone Number	
Enclosed is a check for th	e following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Co (additional cop	of Status &
r				
Registra	NG ADDRESS: ation Section of Corporations	STREET/COURIE Registration Section Division of Corpora	1	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company a (A Florida Limited Liab	as it now appears on our records.)
The Articles of Organization for this Limited Liability Company we Florida document number 41400004445.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	y company here:
The new name must be distinguishable and end with the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	38 1
(Principal office address MUST BE A STREET ADDRESS)	
_	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our records, enter the name of the new
registered agent and/or the new registered office address here.	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City 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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Auth	norized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>M6R</u>	Dean Troupe	970 Lake Carrilon Ste 30 St. Petersburg, F1 33716	$\mathcal{D}_{\square \text{ Add}}$
	·	St. Petersburg, Fl 33716	⊠ Remove
MGR	Lastings Milledge	970 LAKe Carrilon Ste 3 St. Petersburg, F1 33716	<u>∞</u> ∡Add
		St. Petersburg, F1 33716	□ Remove
			□ Add
		نزني المستران	Remove
			G T T T T T T T T T T T T T T T T T T T
			☐ Remove
			_
			_□ Add _□ Remove
			_
			_□ Add
			_□ Remove

· · · · · · · · · · · · · · · · · · ·	,	
		.
ective date, if other than th	ne date of filing:	(ontional)
effective date must be specific, ca	nnot be prior to date of receipt or filed date and cannot	(optional) be more than 90 days after
effective date must be specific, ca date this document is filed by the	nnot be prior to date of receipt or filed date and cannot	(optional) be more than 90 days after
effective date must be specific, ca date this document is filed by the	nnot be prior to date of receipt or filed date and cannot Florida Department of State)	(optional) be more than 90 days after
fective date, if other than the effective date must be specific, called this document is filed by the sted Avrust	nnot be prior to date of receipt or filed date and cannot Florida Department of State)	

Page 3 of 3

Filing Fee: \$25.00