# L14000060639

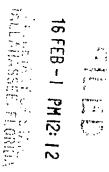
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Registration Sect Division of Corpo			
SUBJECT:	, W. To	ted Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are subr	nitted for filing.	
Please return all correspond	lence concerning this matter t	to the following:	
	Joseph	W. Walton.	
		Trim LLC Firm/Company	
	2645 C:	trus Keylime	Ct.
	Naples	FL. 341 City/State and Zip Code	20
		comeast, net o be used for future annual report notific	
For further information con	cerning this matter, please ca	11:	
Joseph u Name of P	w. Walton	at (239) 580 Area Code Daytime 1	-7388 Celephone Number
Enclosed is a check for the	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

(Name of the Limited (A	Liability Company as it now appears on our re Florida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liab Florida document number <u>L140006663</u>		- 2014 and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	SS + 17
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our rec	cords, enter the name of the new
	<u> </u>	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street d	ddress
		, 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

IGR = N MBR = A	Manager Authorized Member	
<u>itle</u>	Name	Address Type of Action
IGR	Christopher A. Bo	ose 5980 Painted Leaf Ln. MAdd
		Naples, FL. 34116 Premove
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ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or n	opt more than 90 days after	<b>ional)</b> er filing.) Pursua	ınt to 605
e: If the date inserted in this block does not meet the applicable statutory filinument's effective date on the Department of State's records.	ng requirements, th	is date will no	t be liste
record specifies a delayed effective date, but not an effective see 90th day after the record is filed.	time, at 12:01	a.m. on the	earlie
and the resolution in the reso			
ed Jan. 15, 2016.			

Page 3 of 3

Filing Fee: \$25.00