L146000 76164

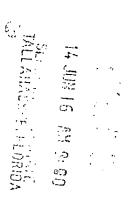
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800259945108

06/16/14--01012--028 **25.00



COVER LETTER

TO:

Registration Section

Division of Corporations

SUBJECT: Schafer Sales L.L.C.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Spenser Schafer

Name of Person

Schafer Sales L.L.C.

Firm/Company

17327 Ballmont Park Drive

Address

Odessa, FL 33556

City/State and Zip Code

Spenserschafer715@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Spenser Schafer
Name of Person

__ at (_____

313,**455-3728**

Area Code

Daytime Telephone 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

Schafer Sales L.L.C.				
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)			
The Articles of Organization for this Limited Liability Company we Florida document number $\underline{L14000076104}$.		<u>4</u> and	assigne	ed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabili	ty company here:			
The new name must be distinguishable and end with the words "Limited Liabili	ty Company," the designation "LLC" or the	abbreviatio	n "L.L.C	מ כ
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
				
Enter new mailing address, if applicable:	MILE NATIONAL CONTRACTOR OF THE PROPERTY OF TH			
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered offi	ce address on our records, enter	r the nar	ne of	the new
registered agent and/or the new registered office address here:			-	
		्रि' _{स्र} ्		
Name of New Registered Agent:		<u> </u>		
New Registered Office Address:				: ;
	Enter Florida street address		5	1 7/107
	, Florida _	_Zip Co	ada ur	 ,
New Registered Agent's Signature, if changing Registered Agent:			,(r)	•
	to get in this sangaity. I further a	aranito a	rg rgi	with the
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I am ovided for in Chapter 605, F.S. Oi	familiar r, if this d	with a locume	nd

If Changing Registered Agent, Signature of New Registered Agent

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

Ē	<u>Name</u>	Address Type of Actio
P	SCHAFER, MICHELLE A, MRS.	17327 Ballmont Park Drive
		Odessa, FL 33556 Remove
P	SCHAFER, SPENSER T, MR.	17327 Ballmont Park Drive
		Odessa, FL 33556
iR_	SCHAFER, SPENSER T	17327 Ballmont Park Drive
		Odessa, FL 33556 CREMOVE
-		Remove
		Add 20 C C C Remove
		Add

ļ	am amending Schafer Sales LLC by removing SCHAFER, MICHELLE A, MRS. from the LLC a	and
-	changing SCHAFER, SPENSER T, MR. from AP to MGR as well as changing his name to SCHAFER, SPE	NSER T
_		
_		
_		
	tive date, if other than the date of filing: (option entire date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days af	
he effe the date	ective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days af te this document is filed by the Florida Department of State)	
he effe the date	ective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days af	
he effe the date	ective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days af te this document is filed by the Florida Department of State)	
he effe the date	ective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days af te this document is filed by the Florida Department of State)	

Page 3 of 3

Filing Fee: \$25.00

08% 関 91組[4]