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COVER LETTER

Division of Corporation	S				
SUBJECT: Wolf	Banch	Rewing ted Liability Company	LLC		
	Thank of Line	ted slating company			
The enclosed Articles of Amendm	ent and fee(s) are subr	mitted for filing.			
Please return all correspondence of	oncerning this matter t	to the following:			
	Jose	A. VillaGar	Λα		
		Name of Person		.	
	11.10	2 1 8-		r	
		Banch Bre Firm/Company	MIND CO		
`					
_5	2501 W.10	F Branch Address	<u>lare</u>		
	Sorrento,	FL 32776 City/State and Zip Code Il afana@g o be used for future annus	· >		
	- 41	City/State and Zip Code	e		
	Jose, a. VI	11 atana@g	mail. com	\ <u>\ </u>	
			и тероп пописанов,)	
For further information concerning	g this matter, please ca	di:			
Jose A. Villa	STA VA G	$\omega U \sigma T \propto$	276-1	510	
Name of Person		at (<u>407</u>)	Daytime Telepl	hone Number	
Enclosed is a check for the following	ing amount:				
	0.00 Filing Fee &	□ \$55,00 Filing Fee	. 0.	\$60.00 Filing Fee.	
C C	ertificate of Status	Certified Copy		Certificate of Status &	
		(additional copy is e	nclosed)	Certified Copy (additional copy is enclosed)	
Mailing Address:			Address:		
Registration Section Division of Corporations		_	Registration Section Division of Corporations		
Tankoun.	_				

P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ewing LLC				
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our record lability Company)	<u>5.</u>)			
The Articles of Organization for this Limited Liability Company Florida document number <u>14000 116 706</u> . This amendment is submitted to amend the following:	were filed on 24 July	2014 and assigned			
•	litu aammanu hana				
A. If amending name, enter the new name of the limited liable [VA					
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	MA				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)	11/4	2020 APR			
B. If amending the registered agent and/or registered office a	address on our records, <u>enter</u>	the name of the new registered			
agent and/or the new registered office address here:					
Name of New Registered Agent:	\ /\	: <u>S</u>			
New Registered Office Address:	Enter Florida street address	s			
		orida			
	City	Zip Code			
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, ar provided for in Chapter 605, i	nd I am familiar with and F.S. Or, if this document is			
15 Changing Registered Agent, Signature of New Registered Agent					

Page 1 of 3

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Whitney Drake	1515 Crestview Dr	🗹 Add
	ι	1515 Crestview Dr Mount Dara, FL 32757	🗆 Remove
			Change
			□Add
			□Remove
			DChange
			□Add
			Remove
			□Change
			□Add
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/			□Change
	/		□Add
			□Remove
			□Change
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			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. 2020 Signature of a member or authorized representative of a member Typed or printed name of signee

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Filing Fee: \$25.00