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COVER LETTER -

TO: Registration Section Division of Corpo			
SUBJECT:	C ontract Name of Limi	ted Liability Company	LC_
The enclosed Articles of An	nendment and fee(s) are subt	nitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Je	T Mahoney Name of Person	
	Cor	Heach Connect	Li.
	1314 Cap	Address	E 216 351
	Cape Cor	Ol, FL. 33904 City/State and Zip Code	
-	E-mail address: (t	o be used for future annual report notific	cation)
For further information conc	erning this matter, please ca	ılı:	
Name of Po	erson	at () Area Code Daytime T	Telephone Number
Enclosed is a check for the f	ollowing amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Fiting 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 Liability Compar (A Florida Limited L	iv as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 1 4001347</u> 25	were filed on 8/27/14	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1314 Cape Corol Ste 321 Cape Corol, FL.	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1314 Cape Coral P. 5te 321 Cape Coral, FL.	37904
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	· · · · · · · · · · · · · · · · · · ·	r the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	25 P
New Registered Agent's Signature, if changing Registered Agent:	, Florida	Zip Code
		-

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 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 = A	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Remove
			☐ Change
			□ Remove
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(If an effe <u>Note:</u>	ve date, if other than the date of filing:	.) Purs	
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. 90th day after the record is filed.	on ti	he earlier
Dated	July 23 ,2018		
	Sygnature of a member or authorized representative of a member		

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Filing Fee: \$25.00