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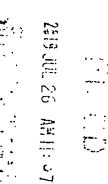
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOSTINGNSB, LLC					
(Name of the Lin	ited Liability Compa (A Florida Limited)	iny as it now appears of Liability Company)	n our records.)	· — —	
The Articles of Organization for this Limited	Liability Company	were filed on 09/02/	/2014	_ and assigned	
Florida document number L14000136961	·				
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the limited li <u>ab</u>	ollity company here	:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desig	gnation "LLC" or the abbre	viation "L.L.C."	
Enter new principal offices address, if appl	icable:	40 FAULKNER ST	TUNIT 4		
(Principal office address MUST BE A STREET ADDRESS)		NEW SMYRNA BEACH, FL 32168			
		US			
Enter new mailing address, if applicable:		40 FAULKNER ST	l' UNIT 4		
(Mailing address MAY BE A POST OFFICE	E BOX)	NEW SMYRNA B	EACH, FL 32168		
		US		7 82	
B. If amending the registered agent an	d/a.c. waaristawad a	ffice address on a			
registered agent and/or the new registered			ur records, <u>enter da</u>	. G)	e_nev
Name of New Registered Agent:	C M LYBRAN	D & CO LLC			· ;
New Registered Office Address:	728 CANAL S	Т		, · · · ·	
2		Enter Florida	street address		
	NEW SMYRN	А ВЕАСН	, Florida _ ³²¹⁶⁸		
		Ciţy		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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	KENNETH A GELINEAU		
		817 N DIXIE FREEWAY NEW SMYRNA BEACH, FL	≡ Remove
			Change
MBR	YVONNE ARINGTON		
		817 N DIXIE FREEWAY NEW SMYRNA, FL 32168	■ Remove
			Change
MGR	SHEA CRAWFORD	40 FAULKNER ST UNIT 4 NEW SMYRNA, FL 32168	■ Add
			☐ Remove
			Change
MGR	ELISA HERNANDEZ	40 FAULKNER ST UNIT 4 NEW SMYRNA, FL 32168	■ Add
			☐ Remove
			□ Change
			Remove
			Change
			🗖 Add
			Remove
			Change

			<u></u>	
				
			,	
				- -
ffective date, if other than the an effective date is listed, the date mus tote: If the date inserted in this blocument's effective date on the December 1.	ock does not meet the appl	icable statutory tilin	(optional) ore than 90 days after filing.) I g requirements, this date w	ursuant to 605.0207
e record specifies a delayed The 90th day after the reco		not an effective t	ime, at 12:01 a.m. or	n tne earlier o
ated		·		
	Signature of a member or aut	tharized removementative	of a member	

Page 3 of 3

Filing Fee: \$25.00