# 114600 177768

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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TALLAHASSEE FLOAIDA

## **COVER LETTER**

| TO: Registration S<br>Division of Co |   |   |  |  |
|--------------------------------------|---|---|--|--|
| SUBJECT:                             |   | ANTIFICON WORTH L   | <u>C</u>   |  |
| The enclosed Articles of             | Amendment and fee(s) are sub                    | mitted for filing.  |  |  |
| Please return all correspo           | ondence concerning this matter                  | to the following:   |  |  |
|                                      | eurk  | Name of Person  |  |  |
|                                      | The All   | Fran/Company  | <del></del>  |  |
|                                      | 8875 Pc   | rmeter Park Blud.   | Ste. 104   |  |
|                                      | Jacksonvill                                     | e FL 32216<br>City/State and Zip Code                               |  |  |
|                                      |   | to be used for future annual report notifi                          | 21. 写  |  |
| For further information of           | concerning this matter, please $\alpha$         | all:<br>at ( <u>904 ) 399 0</u>                                     | \$ P   |  |
|                                      | of Person                                       | Area Code Daytime   | Telephone Number 5   |  |
| Enclosed is a check for t            |   | <b>5</b>  |  |  |
| ₩ \$25.00 Filing Fee                 | ☐ \$30.00 Filing Fee &<br>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**

Λ

| Name of the Limited Liability Compar  | ATIN WORTH                    | records.)              |                  |             |
|---|-------------------------------|------------------------|------------------|-------------|
| (A Florida Limited L  |                               |                        |                  |             |
| The Articles of Organization for this Limited Liability Company Florida document number   | were filed on9/               | 3/14                   | and ass          | igned       |
| 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   | ity Company," the designation | on "LLC" or the        | abbreviation "L. | 1C."        |
| Enter new principal offices address, if applicable:   |                               |                        |                  |             |
| (Principal office address MUST BE A STREET ADDRESS)   |                               |                        |                  |             |
| Enter new mailing address, if applicable:   |                               |                        | <del></del>      |             |
| (Mailing address MAY BE A POST OFFICE BOX)  |                               |                        |                  | <del></del> |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here  Name of New Registered Agent: |                               | ecords, <u>ente</u>    | er the name      | of the new  |
|   | - · · ·                       |                        |                  |             |
| New Registered Office Address:  | Enter Florida stree           | t address<br>, Florida | 10 25<br>11 25   | 177         |
|   | City                          | • • • • • • • • •      | - Zip Code       | <u> </u>    |
| New Registered Agent's Signature, if changing Registered Agent:   |                               |                        | 0<br>0<br>2      |             |
| I hereby accept the appointment as registered agent and agre  | e to act in this capaci       | tv. I further a        | igree to comb    | dy with the |

I hereby accept the appointment as registered agent and agree to act in this capacity, i juriner agree to comply with 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 = M $AMBR = A$ | lanager<br>uthorized Member |                                      |                |
|--------------------|-----------------------------|--------------------------------------|----------------|
| <u>Title</u>       | Name O. I.                  | Address<br>8825 Perimeter Park Blod. | Type of Action |
| MER                | William T. Pyburn III       | Ste 104                              | \ Add          |
|                    |                             |                                      | Remove         |
|                    |                             | Jacksunville, FL 32216               | Change         |
|                    |                             |                                      | □ Add          |
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| 'ffactive date if at        | her than the date of                            | f filing:               |                         |                     | antianal         |                     |                             |
| f an effective date is list | ted, the date must be spec                      | cific and cannot be pri | ior to date of filing c | or more than 90 day | s after filing.) | Pursuant to         | 605.0207                    |
|                             | erted in this block doe<br>date on the Departme |                         |                         | ung requirement     | s, this date     | <b></b>             | iisted as<br><del>y</del> } |
|                             |   |                         |                         |                     | 2                | T.30                |                             |
| ne record specifie          | es a delayed effect                             | tive date, but r        | not an effectiv         | e time, at 12:      | 01 ấ.m.          | on) <b>t</b> ịpe ea | rlier of                    |
| ine 90th day a              | fter the record is                              | filed.                  |                         |                     | j.               | T                   |                             |
| Dated 10/k                  | 2117  |                         |                         |                     | ig<br>Erit       | T 0 01              | رية                         |
| Jaled 10/_F                 | 1/ 1/   | 190                     | <del></del> ·           |                     | adiu.            | 01                  |                             |
|                             |   | 7/1/1                   |                         |                     | ,                |                     |                             |
|                             | <i>H</i>  | re of a member or au    |                         |                     |                  | _                   | _                           |

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Filing Fee: \$25.00