# 114000 137612

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07/26/19--01016--009 \*\*25.00

AUG 01 2019 S. YOUNG



# **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJI	Name of Limited Liability Company J.	
The en	closed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Name of Person	
	- 11-51614 BAULYSKE (811) +11/4-	<u>/</u>
	MOON JARDON ST	
	Project   4 52502   City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For fur	her information concerning this matter, please call:	
	Name of Person Area Code Daytime Telephone Number	
	Name of Person Area Code Daytime Telephone Number	
Enclose	d is a check for the following amount:	
<b>5</b> /\$25	.00 Filing Fee Solution Soluti	

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

2	/. 5 a	100		
(Name of the Limited Liability Compa	14 15 A H OH any as it now appears og gar r	ter Company L		
(A Florida Limited	Liability Company)	• 0		
The Articles of Organization for this Limited Liability Company	were filed on <u>Sea 7</u>	43014 and assigned		
Florida document number 4/4/000 137613				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation	"LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS)		9		
		26 26		
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX	<u>-</u>	<u> </u>		
3. If amending the registered agent and/or registered o	ffice address on our red	cords, enter the name of the ne		
registered agent and/or the new registered office address her	<u>e</u> :			
N. C.				
Name of New Registered Agent:				
New Registered Office Address:	P 19 14			
	Enter Florida street address			
	Cin	_, Florida		
	City	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 added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
NONE	Johnalhan Chrk	/	🗆 Add
		11 West GARDEN ST	. Remove
		Pengaula fla	Change
11	JANC M. LAGITE	If west JANDEN ST	Add
		11 west GARDEN ST PUNGAU IN F/2 HANSA LA LA TA 7-111 SA LA LA TA 7-23	□ Remove
			□ Change
			Add
			Remove
			Change
	<del></del>	<u></u>	🗆 Add
			Remove
			Change
			🗆 Add
			□ Remove
			Change
			D Add
			Remove
			Chargo

Effective date, if other than the date of filing:  (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  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 1 The 90th day after the record is filed.  Dated   Signalure of a member or authorized representative of a member  Typed or printed name of signee.		
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Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member	Date	3 7 /27/1/1
	174166	
		Signature of a member or authorized representative of a member

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