11400157857

| (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: | 7 |
| | |
| • | |
| | |

Office Use Only



000281060450

01/20/16--01020--019 **25.00

SECKETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 20 2013

COVER LETTER

| | gistration Sec vision of Corp | | | | |
|-------------------------|----------------------------------|---|---|---|------------------------|
| SUBJECT: | | estments, LLC | | | |
| SUBJECT | | Name of Lim | ited Liability Company | | |
| The enclose | d Articles of A | Amendment and fee(s) are sub- | mitted for filing. | | |
| Please return | n all correspor | ndence concerning this matter | to the following: | | |
| | | Amanda Buttram | | | |
| | | | Name of Person | | |
| Amalee Investments, LLC | | | | | |
| | Firm/Company | | | | |
| | | 7508 W Short Rd | | | |
| | | | Address | | |
| | | Plant City, FL 33565 | | | |
| - | | | | | |
| | | amandapbuttram@gmail.co | | 20 TO 10 TO | majori |
| For further i | information co | E-mail address: () oncerning this matter, please ca | to be used for future annual report notifica | AHA JAN | ۇ -ۇ سىسىي سىسىچ |
| Amanda Bu | | , p | 813 516-2850 | SECRETARY OF TALLAHASSEE. F | |
| | Name of | Person | at () Area Code Daytime T | Telephone Number | |
| Enclosed is | a check for th | e following amount: | | ÷ 3 | |
| \$25.00 | Filing Fee | □ \$30.00 Filing Fee & 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

| Amalee Investments, LLC | | |
|---|--|-------------|
| (Name of the Limited Liability Compa (A Florida Limited) | ny as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company | were filed on 10/1 9 /2014 ar | nd assigned |
| Florida document number <u>L14606158857</u> . | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the abbreviation | on "L.L.C." |
| Enter new principal offices address, if applicable: | 7508 W Short Rd | |
| (Principal office address MUST BE A STREET ADDRESS) | Plant City, FL 33565 | |
| | · · · · · · · · · · · · · · · · · · · | |
| Enter new mailing address, if applicable: | 7508 W Short Rd | |
| (Mailing address MAY BE A POST OFFICE BOX) | Plant City, FL 33565 | |
| | | |
| B. If amending the registered agent and/or registered of | | |
| registered agent and/or the new registered office address her | | |
| | HAND ON A PARTY OF THE PARTY OF | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | inc. | |
| | Enter Florida street address | ن 📆 |
| | | ນ ກ |
| | 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> | <u>Name</u> | Address | Type of Action |
|--------------|----------------------|-----------------------------------|---------------------|
| MGR | H. Lee Eaker | | |
| | | 804 Cason ST Plant City, FL 33563 | ■ Remove |
| | | | □ Change |
| MGR | Jarred Allen Buttram | 7508 W Short Rd Plant City, FL 33 | ■ Add |
| | | | ☐ Remove |
| | | | Change |
| | | | Add |
| | | | □ Remove |
| | | | ☐ Change |
| | | | □ Add |
| | | ALLAMASOCI | Remove Change Add |
| | | | Add W |
| | | | Change |
| | | | □ Add |
| | | | Remove |
| | | | □ Change |

| D. If amending any other information, enter change(s) here: (Attach additional she | ets, if necessary.) | |
|--|--|--|
| | | |
| | | |
| ······································ | · | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | ., |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | · - |
| | | |
| | | |
| | | |
| | 7 20 16 No. 10 N | |
| | | ************************************** |
| | IAR ASS | ******* |
| | <u> </u> | 1. |
| | $\mathfrak{m}_{\mathfrak{m}}$ | |
| Effective date, if other than the date of filing: | 一 (optional) し | |
| (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than a Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records. | 00 days after filing.) Purs ments, fins date will r | uant to 605.0207 not be listed as |
| the record specifies a delayed effective date, but not an effective time, and other than the record is filed. | t 12:01 a.m. on t | he earlier of |
| Dated January 15, 2016. Well a Party Button Signature of a prigniber or authorized representative of a men | nber | |
| Amorba Rige Buttram | | |

Page 3 of 3

Filing Fee: \$25.00