L14000183245

(7)		
(Re	equestor's Name)	
(Åd	ldress)	
		-
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #)
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PICK-UP	☐ WAIT	MAIL
_		_
(Bu	isiness Entity Name))
(Do	ocument Number)	
Certified Copies	_ Certificates of	f Status
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7 JAN -9 PH 2: 2: SECRETARY OF STATE

O. SCOTT JAN 11 2017

COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT:	Name of Lim	LL C nited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Dennis	Price Name of Person		
		Firm/Company		
		Firm/Company Address Valley Address		
	Wesley.	Chase / FL City/State and Zip Code	33545	
	<u>Numeric</u> E-mail address: (5/1c@gmail, to be used for future annual report	notification)	-160 -1
	ncerning this matter, please ca	all:		
Dennis Pr Name of	Person	at (<u>330)</u> <u>24</u> Area Code Day	Z-Z058 rtime Telephone Number	FILED PH 2:
Enclosed is a check for the	e following amount:			是 25
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &

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

Numeric				
(Name of the Limite	<mark>d Liability Company</mark> A Florida Limited Liab	as it now appears on c ility Company)	ur records.)	
The Articles of Organization for this Limited Lia Florida document number <u>L1400018</u>		ere filed on	v 17, 20	2/4 and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liabilit	y company here:		
	··			
The new name must be distinguishable and contain the wo	ords "Limited Liability	Company," the designa	ition "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applica	ble: _			4,0 \$
(Principal office address MUST BE A STREET	<u> [ADDRESS]</u>			
Enter new mailing address, if applicable:	-			SSEED PROPERTY.
(Mailing address MAY BE A POST OFFICE B	<u>BOX)</u>			<u> </u>
	-		- · · · · · · · · · · · · · · · · · · ·	15 25
B. If amending the registered agent and/o registered agent and/or the new registered off		e address on our	records, enter	the name of the new
Name of New Registered Agent:	Dennis	Price	·····	
New Registered Office Address:	32118	Cypress Fenter Florida str Chape	valley.	<u>A</u>
	Wesley	Chape/ City	, Florida	33545 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:

	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Rebecca Price	32118 Cypress Valley	_ □ Add
		Wesley Chopel, FL 335	45 Remove
			Change
MGR	Dennis Price	32118 Cypress Valley	Dr Add
		32118 Cypress Valley Wesley Chapel, FL 335	75 □ Remove
		•	Change
	 		Add
			Remove
			Change
			Remove
			Change T
			Addo M
			Remove
			□ Change
			Add
			Remove
			Change

lf ar	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
f an e Note	ctive date, if other than the date of filing:
e r	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier see 90th day after the record is filed.
ate	Rebella Price
	Ribella Pyice
	Signature of a member or authorized representative of a member
	D1 D.
	Rebecca Piee Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00