45000000 835

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special modulations to 1 ming amount
•

Office Use Only



500324266655

02/15/19--01012--019 **25.00



Manich

FEB 1 9 2019

I ALBRITTON

COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:	Rachelle Name of Limi	Belanger Cited Liability Company	LLC_
The enclosed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Rache	Ul Belang-	e/
		Firm/Company	
	2726	Jefferson Ci	cle
	Sar	Address a sofa FL 34 City/State and Zip Code	239
		La 1616 D quae to be used for future annual report notific	
For further information con	cerning this matter, please ca	ill:	
Rachelle (Belanger erson	at (<u>941</u>) <u>266</u> Area Code Daytime T	-4567 Celephone Number
Enclosed is a check for the	following amount:		
\$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

(Name of the Limited Liabili	ity Company as it now appears on our records.) a Limited Liability Company)
(A Florida	a Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number <u>L 150000</u>	Company were filed on <u>01-05-2015</u> and assigned 00.835
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
	tures LLC mited Liability Company," the designation "L.C." or the abbreviation "L.C."
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the abbreviation "L.U.C.
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDI	RESS)
Enter new mailing address, if applicable:	20 FET 15 P
0	
(Mailing address MAY BE A POST OFFICE BOX)	
D. If the standard and and and an agi	stered office address on our records, enter the name of the nev
registered agent and/or the new registered office add	dware haras
TELEVISION OF THE PROPERTY OF	aress here.
N (N) N (1) 14 (1	·
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	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

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
_	
_	
f an effect	e date, if other than the date of filing:
<u>Note:</u> If locumer	the date inserted in this block does not meet the applicable statutory fitting requirements, this date with hot be fished on it's effective date on the Department of State's records.
e reco The 9	rd specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlier 0 0th day after the record is filed.
Dated _	Feb. 11 2019.
	Signature of a member or authorized representative of member
	Rachelle Belanger Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00