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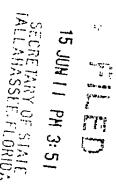
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COVER LETTER

		COVER EEE	
TO: Registration Section Division of Corporation	; S .		
SUBJECT: MARSHALL	- KLICKMA	an LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of Amendm	ent and fee(s) are sub	mitted for filing.	
Please return all correspondence c	oncerning this matter	to the following:	
_/	MARSHALL	KUCKMAN Name of Person	
		Name of Person	
М	AesHALL K	LICKMAN LLC Firm/Company	All Park Control of the Control of t
		гинисопрану	
2.	930 PINE	AVE Address	
		Address	
_A	popka, Fl	City/State and Zip Code	•
_ <u>M</u>	KLI CKMAN E-mail address: (1@ GMAIL · COM to be used for future annual report notifi	cation)
For further information concerning	g this matter, please c	all:	
MARSHAU KLICK	nan	at (<u>864</u>) <u>425 - 5</u> Area Code Daytime	1155
Name of Person		Area Code Daytime	Telephone Number
Enclosed is a check for the follow	ing amount:		
\$25.00 Filing Fee S30).00 Filing Fee & ertificate 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

MARSHALL KLI CKMAN LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on <u>MARCH 3, 2015</u> and assigned Florida document number <u>L15 000038631</u>.

This amendment is submitted to amend the following:

Α.	If amending na	me, <u>enter the new</u>	name of the lir	nited liability	company here:

Enter new principal offices address, if applicable:	2930 PINE AVE.
(Principal office address MUST BE A STREET ADDRESS	C1 000 10
Enter new mailing address, if applicable:	2930 PINE AVE.
(Mailing address MAY BE A POST OFFICE BOX)	APOPKA FL 32703
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	office address on our records, enter the name of the new
B. If amending the registered agent and/or registered registered agent and/or the new registered office address have a Name of New Registered Agent:	office address on our records, enter the name of the new
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	office address on our records, enter the name of the new

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	JESSICA KLICKMAN	2930 PINE AVE, APORKA, FL 32703	X Add
		32+03	□ Remove
			Change
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ffective date, if other than the date of an effective date is listed, the date must be specif	filing:		(optional)
an effective date is listed, the date must be specificate: If the date inserted in this block does	fic and cannot be prior to not meet the applicable	date of filing or more than 90 day te statutory filing requiremen	ys after filing.) Pursuant to 605.02 ts, this date will not be listed
ocument's effective date on the Departmen		, -	
e record specifies a delayed effect	ive date hut not :	an effective time, at 12	:01 a m on the earlier
The 90th day after the record is f		3 3 3	15 6[C)
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Signature	of a member or authori.	ed representative of a member	3: 5 STATE ORIL

Page 3 of 3

Filing Fee: \$25.00