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SERRE WARY OF STATE
ALLAHASSEE, FLORIDA

AUG 29 2017 J SHIVERS

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Neetees		
		ited 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:	
	Savah I	DLM DUJC Name of Person	
	Sweete	Name of Person US Firm/Company	
	2465 Club		
	Drange F	Park FL 3206	5
	hello CSWJ E-mail address: (1	PAIL FL 3206 City/State and Zip Code PLTIS, US to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca		
Savah De	Mbuski Person	at (904) 338- Area Code Daytime	235Lo Telephone Number
Enclosed is a check for th	e 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

NC	leetels)			
(Name of the Limited	Liability Company Florida Limited Lia	as it now appears of bility Company)	on our records.)		
The Articles of Organization for this Limited Lial Florida document number 15000143		ere filed on 3	10/15	and assign	ıed
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liabili	y company here	:		
The new name must be distinguishable and contain the wor	rds "Limited Liability	Company," the desi	gnation "LLC" or the a	bbreviation "L.L.C	1 >>
Enter new principal offices address, if applical	ble:		lub Lake		
(<u>Principal office address MUST BE A STREET</u>	ADDRESS)		e park F	Torida	·
Enter new mailing address, if applicable:		310	Ob 5	TO AUG 28	- Company
(Mailing address MAY BE A POST OFFICE B	<u>ox)</u> -			# 7 m	f74
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address here:	ce address on o	our records, <u>enter</u>	OR Hamsof	the nev
Name of New Registered Agent:	Savah	Dembos	Ki	· · · · · · · · · · · · · · · · · · ·	···
New Registered Office Address:	<u>2445</u>		ILR DVIVE		
	Ovange !	Pau Civ	, Florida	370US 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

Title	Name	Address	Type of Action
AMBR	William Denboski	241es Chib Lake Dive	Add
		Drange Park, FL 32 OUS	Remove
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. If amending any other information, enter change(s) here: (Attach additional sheets, if	necessary.)		
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	RIDA	Ô	•
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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements document's effective date on the Department of State's records.	optional) after filing.) Pursua s, this date will not	nt to 605 be list	5.0207 (3) ed as the
the record specifies a delayed effective date, but not an effective time, at 12: The 90th day after the record is filed.	01 a.m. on the	earli	er of:
Dated AMMSt 21st , 2017 . Signature of a member or authorized representative of a member			
Savah Demboski Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00