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Office Use Only



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SECRETARY OF STATE
ANASSEE, FLORIDA

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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Irm Ente	ed Liability Company	<u>C</u>
The enclosed Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Laur	ence Adkins.	<u> </u>
		Name of Person	
		Firm/Company	
	12537	- Magnolia (ove Ct
	adkins la E-mail address: (1	City/State and Zip Code Cry 25 a 4ahoo o be used for future annual report notifi	o.com
For further information co	oncerning this matter, please ca	all:	ins Ir in Cove Ct 34711 yahoo. com sport notification) 497-9854 Daytime Telephone Number & \$60.00 Filing Fee, Certificate of Status &
Lawrence		at (407) 497	-9854
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

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

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<u> </u>	
Larm Enter for (Name of the Limited Liability Companies) (A Florida Limited Liability Companies)	y as it now appears on our records.)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L/500050027</u> .	were filed on 3/19/15 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	.Elorida
	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 **Title Name Address** Type of Action Robert Leroy Moon 5421 Lake Howell XAdd
Winter Park, FL 32792 Remove _□ Change □ Add

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E. Effec	etive date, if other than the date of filing:	nal) Tling.) Pursuant to 605.020
<u>Note</u>	If the date inserted in this block does not meet the applicable statutory filing requirements, this ment's effective date on the Department of State's records.	date will not be listed as
4004	ment y oncoure date on the Department of State of tecores.	
If the n	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.	.m. on the earlier o
(b) Th	e 90th day after the record is filed.	
	1 7/2 2015	
Date	d	
	' '	15 SEC
	Signature of a member of authorized representative of a member	AR E
	Lawrence Adkins Jr	-6 IARY ASS
	Typed or printed name of signee	
		PH 2: OF STU
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Filing Fee: \$25.00