## 1500051833

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

N COOPER APR 1 0 2018

## **COVER LETTER**

Đi	vision of Corp	orations	e#		
SUBJECT:	MACH 182 I				
		Name of Limit	ed Liability Company		
The enclose	ed Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please retur	n all correspon	dence concerning this matter to	o the following:		
		JOHN FOSTER			
Name of Person					
		MACH182 LLC			
Firm/Company					
		1986 Country Club Dr			
		<del></del>	Address	<del></del>	<del></del>
		Port Orange, FL 32128			
			City/State and Zip Code	······································	<del></del>
		johnfoster7fl6@gmail.com			
		E-mail address: (to	be used for future annual r	eport notification)	
For further	information co	ncerning this matter, please cal	1:		
John Foster	r		603 279-	-5400	
	Name of	Person	Area Code	Daytime Telephone	Number
Enclosed is	a check for the	e following amount:			
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enck	osed) C	0.00 Filing Fee, lertificate of Status & lertified Copy ddditional copy is enclosed)

**MAILING ADDRESS:** 

TO:

Registration Section

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

( <u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Co Florida document number £15000051833	mpany were filed on March 23, 2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or th	— <b>&gt;</b> ∵∨
Enter new principal offices address, if applicable:		S FECTOR
(Principal office address MUST BE A STREET ADDRE	<u> </u>	ETARY HASSE PR-9
Enter new mailing address, if applicable:		OF STATE E.FLORID AM 9: 52
(Mailing address MAY BE A POST OFFICE BOX)		19 DA
B. If amending the registered agent and/or registered agent and/or the new registered office address.  Name of New Registered Agent:		er the name of the n
N D : 100 A11		
New Registered Office Address:	Enter Florida street address	
	, Florida	

## 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	MARTIN, ROBERT	37 CRICKFIELD LANE	
		HUDSON, NH 03051	■ Remove
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			Remove
			Change
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			18 APR
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			9.
	<del> </del>		52
-			
ective date, if other than the date of filing:		(optional)	
effective date is listed, the date must be specific and cannote: If the date inserted in this block does not meet the	be prior to date of filing or more the applicable statutory filing required	an 90 days after filing.) Pursu uirements, this date will no	ant to 605.02 ot be listed:
current's effective date on the Department of State's			
d		-4.17.01	
record specifies a delayed effective date, he 90th day after the record is filed.	out not an effective time	, at 12:01 a.m. on th	е еаптег
APRIL 5 , 20	3 		
1 / n	last		
Signature of a manufa	or authorized representative of a	member	
Signature of a themo	•		

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Filing Fee: \$25.00