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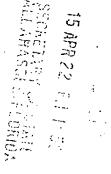
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Samuel C. Po Name of Limited	Liability Company
The enclosed Articles of Amendment and fee(s) are submit	ted for filing.
Please return all correspondence concerning this matter to t	he following:
William Stewa	rt Nove Characteristics
Bookkeeping & Ta	x Canter Inc. Firm/Company
PO Box 2410	Address
Alachus, FL	32616 htty/State and Zip Code
Lilla Alada	atax . Com e used for future annual report notification)
For further information concerning this matter, please call:	,
William Stewart Name of Person	at (386) 462 · 494/ Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\square\$ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 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

appears on our records.) on 3-30-15 and ass any here:	
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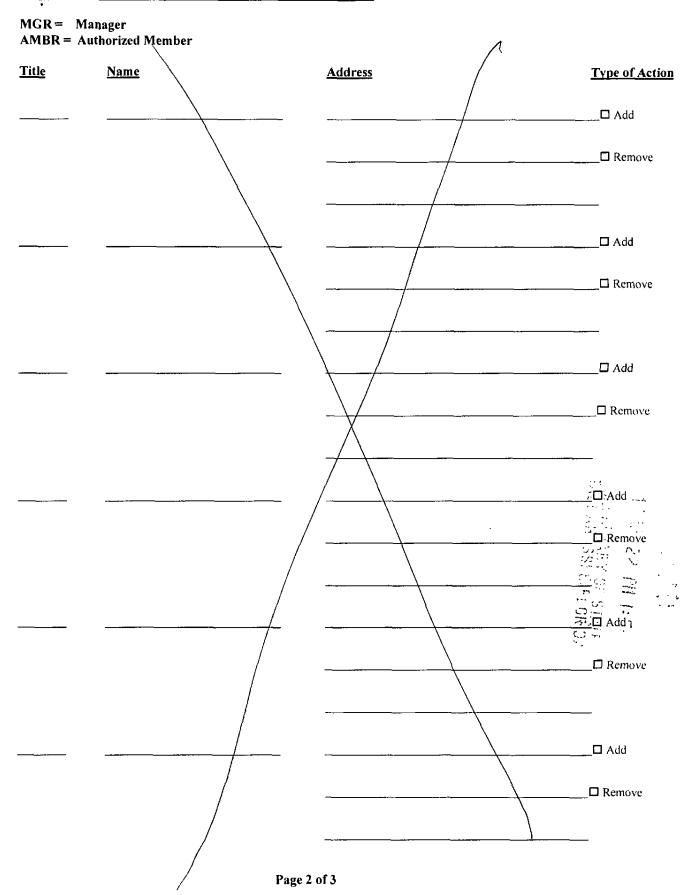
New Registered Agent's Signature, if changing Registered Agent:

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

E.

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:



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offeetime d	data if athor than the data of filing.	(a-tia-al)
	date, if other than the date of filing: e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 document is filed by the Florida Department of State)	(optional)) days after
the date this		(optional)) days after
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	document is filed by the Florida Department of State)	(optional)) days after

Page 3 of 3

Filing Fee: \$25.00