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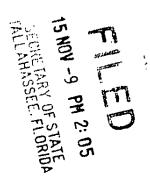
(Re	questor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



400278658864 L15-62505 Amend

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NOV 10 2015 N. CAUSSEAUX

COVER LETTER

ro: Registration S Division of Co			¥
SUBJECT:	DJs Pul	b, 42 C	
	Name of Limit	ed Liability Company	
The enclosed Articles o	f Amendment and fee(s) are subn	nitted for filing.	
Please return all corresp	ondence concerning this matter to	o the following:	4
	Debra		
		Name of Person	
		Firm/Company	·
	114 Hom	ler St Address	
	Ponta G	orda FL 339	80
	Obbylonnon 1	City/State and Zip Code 2/5 @ GMAL. Co o be used for future annual report notif	om_ ication)
For further information	concerning this matter, please ca	• .	
Dobra G	ennon of Person	at (<u>781)</u> <u>985 (</u> Area Code Daytime	255 Telephone Number
Enclosed is a check for	the 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

TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa) (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 15 000) 6 2505</u>	were filed on 4/09/2015 and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ity Company," the designation "LLC" or the abbreviation "L.L.C." 5938 Hobbill Ave Northport FL 3/1287
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5938 Hobbill Ave Northport FL 34287
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: Name of New Registered Agent: 79.37	hard J Sexton, Sr
New Registered Office Address: 3736	Enter Florida street address ONT , Florida 34287 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.

Changing Registered Agent, Signature of New Registered Agent

,			
MGR = M $AMBR = A$	Aanager Authorized Member		
Title	Name	Address	Type of Action
MER	Debra Glennon		Add
	·	114 Hunter St. Robolovck FL3	Remove
			□ Change
MBR	Richard T Souton Sr	5938 Hobbill Ace Northport F	Add
			Remove
			Change
		P()	* :
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or removed from our records:

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<u>Note:</u>	tive date, if other than the date of filing: November 15, 2015 (options) fective date is listed, the date must be specific and carnot be prior to date of filing or more than 90 days after filing that the date inserted in this block does not meet the applicable statutory filing requirements, this date in the date on the Department of State's records.	al) ing.) Pursuant to 605. ate will not be liste	.0207 (3)(b) ed as the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.me 90th day after the record is filed.	n. on the earlie	er of:
Dated	NOV. 6 3015. Signature of a member or authorized representative of a member		
	Dobla Glono Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00