115000069503

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COVER LETTER

	Registration Se Division of Cor			
SUBJEC	r: Pe-	ter Solak and	l Thomas Mat	L, LKC
		Name of Lim	ted Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		Pet	er Sulak Name of Person	
			Name of Person	
			Firm/Company	
		1212 Ma	NOAR et St Address	
			Address	
		key w	est, KI 33040	
			est, Ki 33040 City/State and Zip Code	.
			o be used for future annual report noti	1
For furthe	r information c	oncerning this matter, please ca	ılı:	
Pe	eler Se	ilek	at (<u>305</u>) <u>92</u> Area Code Daytim	3-4890
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for th	ne following amount:		
E \$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
		ING ADDRESS:	STREET/COURI Registration Section	1
Registration Section Division of Corporations P.O. Box 6327		Division of Corpor Clifton Building		

Tallahassec, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Peter Solck and Thomas Mate, 26(
Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{4/21/2015}{}$ and as Florida document number <u>L 15000069503</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L 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 office address on our records, enter the I registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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

Enter Florida street address

City

	from our records:	rage, enter the title, hame, and address of each	n person
MGR = N $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type (
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		<u>eej west, 4 37040</u>	Re Re
Waz_	Mapdaleua Sulak	1212 Marpared St Ley West, F1 33040	Ad-
		Key WGF, FI 53040	Rer Cha
		 	
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). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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HUIL.	ive date, if other than the date of filing:	to 60 be lis
) The	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	earl
Dated	Signature of a member or authorized representative of a member Peter Sulak Typed or printed name of signee	
	Signature of a member or authorized representative of a member	+
	Peter Sulak	
	Typed or printed name of signee	+
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Filing Fee: \$25.00