# L15000077766

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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(D.	Same Falls Name	
(Bu	isiness Entity Nar	nej
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
Special instructions to	rining Officer.	





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J. HARRIE

## **COVER LETTER**

TO: Registration Section Division of Corporations		. ,
SUBJECT: Suivas	Name of Limited Liability Company	
The enclosed Articles of Amendment and	fee(s) are submitted for filing.	
Please return all correspondence concernir	ng this matter to the following:	
Mo	Com Common Same of Person	
DAR	Firm/Company	1814 Sovings Depoi
218 (	E Beorss Aug	2 #314
	City/State and Zip Cod	213
nec	mail address: (to be used for future annual	al report notification)
For further information concerning this ma	atter, please call:	
Name of Person	at (\frac{122}{Area Code})	Daytime Telephone Number
Enclosed is a check for the following amo	unt:	
\$25.00 Filing Fee \$30.00 Filing Certificate	ng Fee &	Certificate of Status &

#### 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

(Name of the Limited Liability (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	<u></u>
The Articles of Organization for this Limited Liability C	Company were filed on 427115 and	d assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the abbreviation	n "L.L.C."
Enter new principal offices address, if applicable:	<u>&gt;                                    </u>	<i>ਹ</i> ੀ 
(Principal office address MUST BE A STREET ADDR	RESS)	=
	SST	<u> </u>
		<b>3</b> □
Enter new mailing address, if applicable:	<u> </u>	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<del></del>
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	stered office address on our records, <u>enter the na</u> lress here:	me of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City Zip C	оае

#### 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

	rom our records:	anage, enter the title, name, and address of each	person being add
MGR = Ma	anager athorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
JWB5	Shoitops:	916 Chardrastake Rd	Add
		Lutz, FL 33548	Remove
			□ Change
JMB15	Doom Egosi	416 Pinewood DR Odamor, FL 34677	
		Odamor, FL 34677	<b>⊠</b> Remove
			Change
			Add
			Remove
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			Remove
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			PH 2: 12e
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	-2444		🗆 Add
			□ Remove

\_ Change

	<del></del>
E E&	Continue (Continue)
L. Ellec	tive date, if other than the date of filing:
(ii aii c	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
Note:	nent's effective date on the Department of State's records.
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Note: docur	nent's effective date on the Department of State's records.
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Filing Fee: \$25.00