## <u>LISO003182</u>

(F	Requestor's Name)
(/	Address)
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(0	City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(E	Business Entity Name)
1)	Document Number)
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## **COVER LETTER**

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TO: Registration Se Division of Cor			
SUBJECT: S	Mane of Limit	eve 4 Land Cheering and Liability Company	-g LLC
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	Ron 1	Om CINON Name of Person	
		Name of Person	
	1890 To	Address	
		Address	-
	Jey	F1 3000	
		o be used for future annual report notif	
For further information of	concerning this matter, please co	ill:	
Por Tor	NUMBER	at (904) 813- Area Code Daytime	-8064 e Telephone Number
Enclosed is a check for t	he 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability C	(cre + Lord	Clearing LLC	
(Name of the Li <mark>i</mark> nited Liability C (A Florida Lin	ompany as it now appears on or uted Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability ComFlorida document number $41500081821$ .	pany were filed on	P-/5 and assigned	
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 designat	tion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			•
(Principal office address MUST BE A STREET ADDRES	<u></u>		
Enter new mailing address, if applicable:		: 4	
(Mailing address MAY BE A POST OFFICE BOX)		.7;	-
B. If amending the registered agent and/or register registered agent and/or the new registered office addres	ed office address on our s here:	<b>I</b>	<u>new</u>
Name of New Registered Agent:		6.1.8	-
New Registered Office Address:	Enter Florida sti	reet address	-
		Florida	_
	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.

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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<u>te:</u> If the date inse	ed, the date must be speci rited in this block does date on the Departmer	anot meet the application	able statutory fifing re	(optional) than 90 days after filing.) Prequirements, this date wi	ursuant to 605.0 Il not bu listed
	s a delayed effect fter the record is f		t an effective tim	e, at 12:01 a.m. on	the earlier
ed 12-11-1	17				
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	Signatur	re of a member or 90th	arizea representative oi	a member	

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Filing Fee: \$25.00