# L15000086449

(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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04/30/18--01046--020 \*\*50.00



## **COVER LETTER**

TO: Registration Section Division of Corpora			
SUBJECT:	Name of Limit	ed Liability Company	mallc
The enclosed Articles of Ame	endment and fee(s) are subm	nitted for filing.	
Please return all corresponder	nce concerning this matter to	o the following:	
-	Hanlous	Service Mory S	Daytomalla
	Larry M	Firm/Company	<del></del>
ļ	9 00 00g	Seach Sh	
·	JAX F	City/State and Zip Code	
Ċ	E-mail address: (to	be used for future annual report result	reation)
For further information conce	rning this matter, please cal	II:	
Name of Per	moling_	at (704) B94 Area Code Daytime	5658 Telephone Number
Enclosed is a check for the fo	ollowing amount:		
\$25.00 Filing Fee	330.00 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 Compan (A Florida Limited Li	y as it now appears on our records. ability Company)	)
The Articles of Organization for this Limited Liability Company v	were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<del> </del>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		enter the name; of the nev
Name of New Registered Agent:		8 32 8 855
New Registered Office Address:	Enter Florida street address	PH E
	, Flor	
	City , F101	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	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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D. Ham	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	_
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(If an e <u>Note:</u>	tive date, if other than the date of filing:  (optional)  (flective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6  (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liment's effective date on the Department of State's records.	505.0207 (3)(t isted as the
If the re (b) Th	ecord specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the early $0$ 0 and $0$ 1 a.m. on the early $0$ 3 and $0$ 4 are the record is filed.	rlier of:
Dated	1-pril 26, 2018	
	Signature of a member or authorized representative of a member	
	Typed or printed name of signee	

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Filing Fee: \$25.00