## LIS OOOD SFOOL

(Re	questor's Name)	<del></del>
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO:	Registration Sect Division of Corpo			
SUBJEC	ст: <u>СО</u> Р		CROUP OF FIC	RIDALLC
The encl	osed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please re	eturn all correspond	dence concerning this matter to	o the following:	
		Jiii	Fitzgerald Name & Person	
		Constal	Recety Group of Firm/Company	b Florida LLL
			Orive Suite D	
		Pacm Co	City/State and Zip Code	
		JIIFitz 6 E-mail address: (to	be used for future annual report notificat	ion)
For furth	ner information cor	cerning this matter, please cal	II:	
	Name of I	ise rald Person	at (386)733-E Area CodeDaytime Te	509 O lephone Number
Enclosed	1 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab (A Flor	bility Company				
The Articles of Organization for this Limited Liability Florida document number L\500008800		vere filed on <u>Ww</u>	13 <sub>12</sub> 50	15 and assig	med
This amendment is submitted to amend the following:	:				
A. If amending name, <u>enter the new name of the li</u>	imited liabili	ty company here:			
The new name must be distinguishable and contain the words "LEnter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADD		15 Unli		e abbreviation "L.L. e Un+	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac		ce address on our	records, ent	er the name o	f the new
Name of New Registered Agent:	<u> 2i11</u>	Etegeral	20	74.55 74.55 74.55 74.55	1.00
New Registered Office Address:	15 Ut	Enter Florida st	reet address	TED BASE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
<u> </u>	, vom C	City	, Florida	Zip Code	<u> 1944 </u>

## 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
MGR	Philip Kralowski sir	196 Monitor Drive	🗆 Add
		BEVERLY BEACH, FL 32136	Remove
			Change
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Page 3 of 3

Filing Fee: \$25.00