[15000120131

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

Office Use Only



600275962656

08/20/15--01015--005 **25.00

SECRETARY OF STATE TALLAHASSEF. FI OPINA

EXAMPLE 2015

COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:	Treasure Co	ed Liability Company	-lc
The enclosed Articles of A	mendment and fee(s) are subn	niued for filing.	
Please return all correspond	lence concerning this matter t	o the following:	
	Chrelle	TibbS Name of Person	
	Treasure Coast	Firm/Company	<u>C</u>
	2996 45	rhSt StF C	
	<u>Vêro Beach</u>	Florida City/State and Zip Code	
	Ctibhs 12 E-mail address: (to	3 (a) hofmail. COM be used for future annual report notific	cation)
For further information cor	ncerning this matter, please ca	11:	
Chrelle Tibbs Name of I	Person	at (<u>778</u>) <u>940 - /</u> Area Code Daytime	7118 Telephone Number
Enclosed 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

2015 AUG.	ILED
TALL AHASSE	O PM 3: 47
,	E. FLORIDA

Treasure Coast	Mini Mart	- 120	records.) ALLAHASSEE FLORIDA
(Name of the Limited	I Liability Company A Florida Limited Lia	y as it now appears on our ability Company)	records.)
The Articles of Organization for this Limited Lia Florida document number	bility Company w L1500012	vere filed on <u>July</u>	• • • • •
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of	the limited liabili	ity company here:	
The new name must be distinguishable and contain the work Enter new principal offices address, if applical (Principal office address MUST BE A STREET)	ble:	y Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>·ox)</u>		
B. If amending the registered agent and/o registered agent and/or the new registered offi			records, enter the name of the new
Name of New Registered Agent:	Chrelle	Tibbs	· · · · · ·
New Registered Office Address:	1235 121	h AVE Enter Florida stree	t address
	<u>Vero</u>		, Florida <u>32962</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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	MoTver, Jazzmine M	5780 59th Court Vero	<u>Beach</u> □ Add
			Remove
		- · · · · · · · · · · · · · · · · · · ·	Change
-			
			□ Remove
			SECOND T
			Remove Remove
			A Remove
			□ Change
			Add
			Remove
			☐ Change
		<u></u>	
			□ Remove
		 	Change
			Add
			□ Remove
			Change

	FISHE 20
	SET O
	POSEE FLORE
	<u></u>
(If an e Note:	tive date, if other than the date of filing: [Coptional] [Coptional]
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a 90th day after the record is filed.
Dated	August 17 . 2015.
	August 17. 2015.
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00