1500051107

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

Special Instructions to Filing Officer:





000322348170

01/02/19--01005--001 **25.00

Smend

COVER LETTER

Comfort T	heory LLC					
Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	Daniel Vega					
		Name of Person				
	Comfort Theory LLC					
		Firm/Company				
	2511 SW 35TH PLACE A	APT 9				
		Address				
	GAINESVILLE, FL 32608	*				
		City/State and Zip Code	······································			
	daniel@comforttheory.com					
	E-mail address: (to be used for future annual report notif	ication)			
For further information of	concerning this matter, please co	all:				
Daniel Vega		760 822-9635				
Name o	of Person		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

Comfort Theory LLC			
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on	and assigned	
Florida document number L15000151107			
This amendment is submitted to amend the following:	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) rticles of Organization for this Limited Liability Company were filed on 09/03/2015 and assigned a document number L15000151107 mendment is submitted to amend the following: amending name, enter the new name of the limited liability company here: w name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." new principal offices address, if applicable: 2511 SW 35TH PLACE APT 9 GAINESVILLE, FL 32608 new mailing address, if applicable: 2511 SW 35TH PLACE APT 9 GAINESVILLE, FL 32608 amending the registered agent and/or registered office address on our records, enter the name of the new red agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		
A. If amending name, enter the new name of the limited liab	(Name of the Limited Liability Company as it now appears on our records.) (A Flonda Limited Liability Company) Organization for this Limited Liability Company were filed on 99/03/2015		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	2511 SW 35TH PLACE APT 9		
(Principal office address MUST BE A STREET ADDRESS)	GAINESVILLE, FL 32608		
Enter new mailing address, if applicable:	2511 SW 35TH PLACE APT 9		
(Mailing address MAY BE A POST OFFICE BOX)	GAINESVILLE, FL 32608		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, <u>ente</u> :	er the name of the nev	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	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 AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	McKenzie Barney	16951 Bridge Crossing Cir Delray Beach, FL 33446	🗖 Add
		——————————————————————————————————————	Remove
			Change
			Remove
			D Change
			Add
			Remove
			Change
			
			Remove
			Change
			🖒 Add
			□ Remove
			Change
·			
			D Remove
			Change

If amending any other informa	ition, enter change(s) here	: (Attach additional :	sheets, if necessary.)	
		<u> </u>	·	
				
			•	
		<u> </u>		
				···
				
				
	<u> </u>		 	
Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D	st be specific and cannot be prior to lock does not meet the applica	o date of filing or more the	(optional) an 90 days after filing.) Pursua tirements, this date will no	ant to 605.020 of be listed as
he record specifies a delayed The 90th day after the rec	deffective date, but not ord is filed.	an effective time,	at 12:01 a.m. on th	e earlier o
Dated December 12th	2018	-·		
-	MUST	7K-	12	
	_//	n ed refresentative of a p	emby	
	McKenzie	Barne	Ī	

Page 3 of 3

Filing Fee: \$25.00