LISOCOIGINA

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	: #)
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
		
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COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT: Antivo	yage Marketing,	LLC	
Sobsect.		ted Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of An	nendment and fee(s) are subr	nitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	
	Fred Ho	 	
		Name of Person	
	Antivoya	age Marketing, LLC	
•		Firm/Company	
	4446 H	endricks Ave 1321A	
		Address	
	JACKS	ONVILLE, FL 32207	
		City/State and Zip Code	
		arallel-construction.c	
For further information con-	cerning this matter, please ca	•	·············
Fred Howard		at (904 ₎ 234-629	90
Name of P	erson		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

Antivoyage					
(<u>Name of the Limi</u>	ted Liability Com (A Florida Limite	pany as it now appe d Liability Company)	ars on our record	<u>s.</u>)	
The Articles of Organization for this Limited L Florida document number <u>L15000162</u>	iability Compa 447	ny were filed on _	Sept. 24,	2015	_ and assigned
This amendment is submitted to amend the foll	lowing:				
A. If amending name, enter the new name o	of the limited li	ability company l	<u>nere</u> :		
The new name must be distinguishable and contain the	words "Limited Lia	ability Company," the	designation "LLC	" or the abbre	viation "L.L.C."
Enter new principal offices address, if applic					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	<u>×</u>			
B. If amending the registered agent and registered agent and/or the new registered o			on our records	s, enter th	name of the ne
Name of New Registered Agent:	×			2 s 625 6 s	1
New Registered Office Address:				D ₂	· * ·
		Enter Fl	orida street addres. Flo	orida 👼	17:5
		City	,,	`a>	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 **Address Title** Name **Type of Action** 4446 Hendricks Ave 1321A Fred Howard **MGR** Jacksonville, FL 32207 **AMBR** _□ Remove _□ Change _□ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change ☐ Add □ Remove

□ Change

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Filing Fee: \$25.00