L15000168807

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
		
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
SECRETARY OF STATE
ANALYMAN

SECRETARY OF STATE
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COVER LETTER

TO: Registration Section Division of Corporation			•
SUBJECT:	TotalTF Name of Limite	ed Liability Company	
The enclosed Articles of Am	endment and fee(s) are subm	uitted for filing.	
Please return all corresponde	ence concerning this matter to	the following:	
	Parnela (Campbell Name of Person	
		Firm/Company	
	1210 Idleu	wild D.Z. Address	
	1210 Idler Chearmater Campbell Pa	2, FL 3355 City/State and Zip Code me(a 5 2 Gmp) be used for future annual report notification	ail.com
-			on)
For further information conc	erning this matter, please call		
Pamela Name of Pe	Campbell	at (813) 785.5 Area Code Daytime Tele	269 ephone Number
Enclosed is a check for the fo	ollowing amount:		
\$25.00 Filing Fec	☐ \$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

TO ARTICLES OF ORGANIZATION OF

·	Liability Company)		245		
The Articles of Organization for this Limited Liability Company	were filed on	<u> ر د جوو</u>	<u> </u>	ind as	signed
Florida document number <u>L15000168807</u> .					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	d ynagmoo vilk	ere:			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the	designation "LLC" or	the abbrevia	tion "L	.L.C."
Enter new principal offices address, if applicable:	, , , , , , , , , , , , , , , , , , , 			- FC-3	
Principal office address MUST BE A STREET ADDRESS)				<u> </u>	
			2 5	80	16
			ASS.	-9	padicio A
Enter new mailing address, if applicable:				70	The state of the s
Mailing address MAY BE A POST OFFICE BOX)			7.0	1 2	place of the second
			35	38	,
3. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		n our records, <u>e</u>	nter the I	<u>iame</u>	of the nev
Name of New Registered Agent:	<u></u>				· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:					
	Enter Flo	orida street address			
		, Florid		<i>C</i> 1	
New Registered Agent's Signature, if changing Registered Agent	City .		ZŲ	Code	
hereby accept the appointment as registered agent and agi	- ree to act in this	f my duties, and I	am famili	ar wi	

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>		<u>Address</u>		Type of Action
MGR	James	Todd Campb	zell .	1210 Idlewild DR Clearmater, FL 33755	Add
					Remove
					Change
					Remove
					Change
					Add
					□ Rcmove
					Change
				A	Add Remove.
				SS: TO	Change
				57 57	. P
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Note:	ive date, if other than the date of filing: November 5, 2015 (optiective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after If the date inserted in this block does not meet the applicable statutory filing requirements, this ent's effective date on the Department of State's records.	11111g.) 1 tu sutult to 003.0207 (3)(0)
	cord specifies a delayed effective date, but not an effective time, at 12:01 a 90th day after the record is filed.	a.m. on the earlier of:
Dated	November 5, 2015.	2015 HOV
	Signature of a member or authorized representative of a member	
	Parnela Carnobell Typed or printed name of signee	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	Typed or printed name of signee	En O

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Filing Fee: \$25.00