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BOEC -3 PM 3: 41
CRETARY OF STATE
ALLAHASSEE, FL

1/2018

## **COVER LETTER**

TO: Registration So Division of Cor		- -	
SUBJECT: 500	Les and touk	day on Lited Liability Coupany	LC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	_ Melian	Name of Person	
		Firm/Company	
	1871 N. A	S DVa Rod	
	Jolly /-/	City/State and Zip Code  Louis Cay Tona a to be used for future applied report notif	27 Dyahoo Cim
For further information e	oncerning this matter, please ca	U	V
<u>Ullima</u> t	-tul 1 Person	at ( <u>3</u> <u>3</u> <u>3</u> <u>14</u> - Area Code Daytimo	GGLo 0 e Telephone Number
Enclosed is a check for the	ne 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

FILED

2018 DEC -3 PM 3: 42

Xales and	tails day tong	SECRETARY OF STATE
( <u>Same of the Lamited Liabilit</u> (A Florida	y Company as it now appears on our re Limited Liability Company)	COLUMN L'ENTRESSEE PL
The Articles of Organization for this Limited Liability Co	ompany were filed on	and assigned
Florida document number	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address.		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	Mars
	Emer Fronda street a	uar vəə
	City	, Florida

## 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 Ambr Michael Vail □ Add Remove ☐ Change □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add Remove \_□ Change \_□ Add □ Remove \_□ Change □ Add □ Remove

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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effec Note: 1	the date, if other than the date of filing:    1 - 1 - 1 - 1   (optional)
	and specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of 90th day after the record is filed.
Dated _	<u>nov 28</u> . <u>2018</u> .
	Nov 383.018  Mulistra Houl  Signature of a member or authorized representative of a member
	•

Page 3 of 3

Filing Fee: \$25.00