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EXAMINER

COVER LETTER

TO: Registration So Division of Cor				
SUBJECT: Aui	The Ant Mich	ole Fostailers Lited Liability Company	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:		
	Rech L.	Name of Person		2018 00
	- · ·	Firm/Company		37-L
	435 (Ki	por Aue	SET 1.0	FILED FILED
	wewhitch Smith berl E-mail address:	City/State and Zip Code hy 63 @ yorkso. (Coto boused for future annual report notification)	om	ਚਾ
For further information of	concerning this matter, please co	all:		
Name o	of Person	at ()	: 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	
Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COURI Registration Sectio Division of Corpor Clifton Building 2661 Executive Ce	n ations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Lie (A Flo	ability Company as it now appears on orida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number 1,5000 1816	ty Company were filed on Oct	- 26,2015 and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	2016 OCT
The new name must be distinguishable and contain the words	'Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		M P D
(Principal office address MUST BE A STREET AL	ODRESS)	20 83 20 E
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or registered agent and/or the new registered office a		ir records, <u>enter the name of the new</u>
Name of New Registered Agent:		····
New Registered Office Address:	Enter Florida s	eet address
_	City	, Florida
	City	zip Coae

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 Type of Action Address Title <u>Name</u> Brian D. Snith 435 Chipalu Are D'Add MAR WEIDCHTACKEL FL 32465 Remove □ Change Ardrew B. Snith 435 Chiple Are DAR Li Gwahitchki, FL 32165 Change Terrence Dion Hard 145 Core Cishing St precionitation fr 30465 Fremove □ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change □ Add ☐ Remove _ Change

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If an effective date is li Note: If the date in	other than the date o isted, the date must be spec isserted in this block doe we date on the Departme	ific and cannot be not meet the	applicable statu	filing or more than tory filing requir	(optional 90 days after filin rements, this dat	g.) Pursuant to 605.0	207 Las
ne record specif The 90th day	fies a delayed effec after the record is	tive date, b filed.	ut not an eff	ective time, a	at 12:01 a.m	. on the earlier	- o
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Dated OCA_		_ / /					
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Page 3 of 3

Filing Fee: \$25.00