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COVER LETTER

Div	ision of Corpo	rations				
CUBIECT.		ENTURES, LLC				
SUBJECT:		Name of Limi	ted Liability Company			
The enclosed	d Articles of Ar	mendment and fec(s) are subr	nitted for filing.			
Please return	all correspond	lence concerning this matter t	to the following:			
		PENNY M HARDING				
		PAYLESS VENTURES, LLC	Name of Person	 		
		12512 EDGEKNOLL DR	Firm/Company			
		RIVERVIEW, FL 33579	Address			
		PENNYPEN@AOL.COM	City/State and Zip Code			
		E-mail address: (t	o be used for future annual report notif	ication)		
For further in	nformation con	cerning this matter, please ca	lli:		. ,	
PENNY M	HARDING		813 770-0291		٠ - ن	/ h : 것은
Enclosed is	Name of F	following amount:	Area Code Daytime	: Telephone Number	.:1 9:51	CH PRATE
■ \$ 25.00 F		☐ \$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		<u> </u>

MAILING ADDRESS:

TO:

Registration Section

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

PAYLESS VENTURES, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 11/19/2015 Florida document number L15000196354	_ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrev	viation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	÷ 52
	BOX
Enter new mailing address, if applicable:	-4 . <u></u> :
(Mailing address MAY BE A POST OFFICE BOX)	- 24 ,
B. If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here:	name of the new
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	·
, Florida	
	Zip Code
	7 3
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	•

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>	<u>Address</u>	Type of Action
Mar Mar	Christina Harding	50989 US Highway 27, Lot 8 Davenport, FL 33897	■ Add
			□ Remove
			Change
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ffective date, if other than the an effective date is listed, the date must lote: If the date inserted in this bloocument's effective date on the December 2.	be specific and cannot be ock does not meet the a	prior to date of filing pplicable statutory	or more than 90 days after filing requirements, this	filing.) Pursuant to 605,0207
e record specifies a delayed The 90th day after the reco		it not an effecti	ve time, at 12:01 a	i.m. on the earlier of
September 29	2019	·		
1)	ua IV	, •	ative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00