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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	LAWRENCE Name of Lin	FISH and ASSOCIATION of Liability Company	19 MON -8 PH 4: 89
The enclosed Articles of A	tmendment and fee(s) are sub	omitted for filing.	<b>8</b> - 8
Please return all correspon	dence concerning this matter	to the following:	3
	1021	ARRY FISH Name of Person  WRENCE FISH AND FIRM/Company  WOLVERTON B  Address	1 Associates LIC
	DOCA	RATON, FL 3343 City/State and Zip Code	3C(
	E-mail address: (	FISHA PECONICAST IN to be used for future annual report notif	et.
For further information co	neerning this matter, please c	all:	
LARRY Name of	FISH	at (914) 907 Area Code Daytime	SS/( Telephone Number
Enclosed is a check for the	following amount:		
\$ \$25.00 Filing Fee 35 already fail	□ \$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 enclused)

### 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

RECEIVE NOV - 8 26.

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(Name of the Limited Liability Compa (A Florida Limited)	Invas it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
NOT APPLICABLE	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	- VIA
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent: N	
New Registered Office Address:	A Enter Florida street address
	Florido
	, 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
MGR	YICKY RUSEMONTH-FISH	BOCH RATED, FL, 35434	
			□ Remove
		_	☐ Change
			Change
			🗖 Add
			□ Remove
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lf an eff <u>Note:</u>	ive date, if other than the date of filing: OCT (2019) (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ( If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as them; seffective date on the Department of State's records.
ne red The	cord 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	NOV 2019  LAZ RY FISH  Typed or printed name of signee
	LAZRY FISM Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00