## L15000212648

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cil	ty/State/Zip/Phone	<del>;</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Dc	ocument Number)	
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R. WHITE JUII 0 4 2019

## **COVER LETTER**

TO:	Registration Se Division of Cor		*	
SUBJ	· IECT:	Name of Lim	Holdings 116	
The e	nclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspon	ndence concerning this matter	to the following:	
			Walle!	
		Limbi	Elm/Company	
		8/39	Emesald Forzs	t ct
		- Sant	City/State and Zip Code	<del></del>
		E-mail address: (	to be used for future annual report notif	ication)
For fu	orther information co	oncerning this matter, please ea	all:	
	Eric Was	De 11 Person	at (427) 547 - Area Code Daytime	SU40 Telephone Number
Enclo	sed is a check for th	e following amount:		
<b>™</b> \$2	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

Limbie	Hollings, LC	2019 HAY 20 PM 2:118
( <u>Name of the Limited</u> (A	Liability Company as it now appears on our Florida Limited Liability Company)	ir records.)
The Articles of Organization for this Limited Liab		<u> </u>
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designati	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET.	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO		
Matthe A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our ce address here:	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
<del>-</del>	Enter Florida stre	et address
		, Florida
	City	Zip Code

## 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, <u>enter the title, name, and address of each person being ac or removed from our records</u> :			
MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MER	Annia Waddell	8139 Emeral L Forest Sanford, Fl 32771	<u>₹</u> Add
		Sanford, F1 32771	Remove
			☐ Change
			Add
			□ Remove
			Change
			🗖 Add
		<u> </u>	Remove
			Change
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			□ Remove
			Change
			Add
			□ Remove
			Change
			□ Remove
			Change

fective	date, if other than the date of filing:
n effecti ote: If t	we 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a seffective date on the Department of State's records.
	d specifies a delayed effective date, but not an effective time, at $12\!:\!01$ a.m. on the earlier of the day after the record is filed.
ted	May 13, 2019.
	= $($ ). $($ 0.
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00