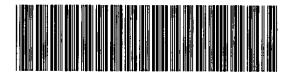
L160000 22828

(Requestor's Name)
The state of the s
(Address)
(, ,
(Address)
(City/State/Zip/Phone #)
, , , , , , , , , , , , , , , , , , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000286990310

06/27/16--01030--018 **25.00

SECKETAKY OF STATE

S HE 27 AK II. 2

J. HARRIS

COVER LETTER

TO: Registration Division of C							
	ERVICES LLC						
Name of Limited Liability Company							
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.					
Please return all corres	pondence concerning this matter	to the following:					
	CAROLINE G LARSON						
		Name of Person					
	LARSON ACCOUNTING	G AND CONSULTING SERVICES	SLLC				
		Firm/Company					
	7901 KINGSPOINTE PK	WY STE 17					
		Address					
	ORLANDO/ FL 32819						
		City/State and Zip Code	····				
	support@larsonacc.com						
		to be used for future annual report noti	fication)				
For turtner information	concerning this matter, please c	au:					
CAROLINE G LARSO	DN .	407 3703686					
Name	of Person	at ()	e Telephone Number				
Enclosed is a check for	the 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 Catlahassec, Ft. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

assigned
assigned
L.L.C."
بر از
O menun

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.

1f 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	FREDERICK NI DE PAULA	6380 RALEIGH ST PT 2115	■ Add
		ORLANDO, Fl. 32835-5635	□ Remove
			Change
			☐ Remove
			□ Change
e- 			□ Add
			□ Remove
			☐ Change
			Add
			Remiove TALLAHA/SSEE, FLORIDA
			> Change
*******			Add
			☐ Remove
			☐ Change

•				
	r - 	·····		
				
				5P44/
				
				
,				
			of the second distribution of the second distrib	
·				
				4
		····	······································	
Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the the record specifies a delay). The 90th day after the record.	block does not meet the app Department of State's reco	plicable statutory filing rds.	requirements, this date	will not be listed as
	2016			
June 26th				
Dated June 26th		· ·		
Dated June 26th	rederich	 	.L	78 15 78 5 - *
Dated June 26th	nede Rich	authorized representative o	La member	
Dated	rederico	authorized representative o	Ta member	UP 27
Dated	nede Lich Signature of a member or a	nuthorized representative o	Za niember	CR 1427 A
Dated	nede Lich Signature of a member or a	· · ·	La niember	#####################################

Filing Fee: \$25.00