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SECRETARY OF STATE
SECRETARY OF STATE

S. WARREN SEP 1 9 2017

TO: **Registration Section** Division of Corporations The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount: **☑** \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy

COVER LETTER

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on Oliginal and assigned Florida document number Life Cook in Sufficient According to 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 abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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 limit company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Page 1 of 3

STATE ORIDA

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 = Mar AMBR = Aut	nager horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Vincent Perschau	3769 Atlantis dr. Southpart, FI 3240	Add
		Southport, FI 3240	_ Remove
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			Remove
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Effective date, if other than the date of filing: f an effective date is listed, the date must be specific and cannot be prior to de Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	ate of filing or a	more than 90 da ng requiremer	(optional) ys after tiling nts, this date) (.) Pursuan (will not	t to 605. be liste
ne record specifies a delayed effective date, but not an The 90th day after the record is filed.	n effective	time, at 12	2:01 a.m.	on the	earlie
Dated					
				ALC:	17 S
Signature of a member or authorize	d representativ	e of a member	<u>·</u>	一芸団	-
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Typed or printed na	ime of signee			TS.	3

Page 3 of 3

Filing Fee: \$25.00