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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CT: Frederick Dehring LCC Name of Limited Liability Company
The enc	losed Articles of Amendment and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	FREdorick Deheins
	Firm/Company
	3808 Cliffdale DR
	Valeiro II 33594 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For furth	her information concerning this matter, please call:
	Name of Person at (213 546-6708) Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:
\$25.	00 Filing Fee \$\Bigcup \$30.00 Filing Fee \& Certificate of Status \$\Bigcup \$55.00 Filing Fee \& Certificate of Status \& Certificate of Status \& Certified Copy (additional copy is enclosed) \[\Bigcup \$30.00 Filing Fee \& Certificate of Status \& Certified Copy (additional copy is enclosed) \]
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 MAILING ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Ċ	hock to

Florida Department of State

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

+ FEDELa K 1) - 1/2.	inky LLC
(<u>Name of the Efficited Liabilit</u> (A Florida	v Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>としなるのら多多の</u>	ompany were filed on $3 - 15 - 16$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
Frederick A The new name must be distinguishable and contain the words "Limi	behring JR LLC ted Liability Company, and designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDR	ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	ered office address on our records, enter the name of the new ress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street 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</u> <u>being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			□ Remove
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			☐ Change
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fective date, if othe	er than the date of filing: _		(optional)
in effective date is listed	l, the date must be specific and can	mot be prior to date of filing or mor	(optional) re than 90 days after filing.) Pursuant to 605.0 requirements, this date will not be listed
cument's effective da	ate on the Department of State	e's records.	requirements, this date will not be listed
record specifies	a delayed effective date	e, but not an effective tir	me, at 12:01 a.m. on the earlier
The 90th day afte	er the record is filed.		
<i>A</i>			
ited	E 26	2019	
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- 1010)	116K (2 ! _	Josh Aure Va	
7-3000	Signature of a men	ber or authorized representative o	f a member

Page 3 of 3

Filing Fee: \$25.00