L/6000054769

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

Office Use Only



600305739706

11/17/17--01025--006 **25.00

SECAL FARY OF STATE FALLAHASSEE, FLORIDA 2011 NOV 1-7 PM 6:2

K SALY MOV 2 0 2017

COVER LETTER

Division of Corporations
SUBJECT: DESTINATION 4X45 HAS MAKE, LLC Name of Limited Lightlity Company
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
DAVIN GMSSBURN
Name of Person
DESTINATION 4x45 HOD MORE
Firm/Company
DESTINATION LYLS FLOW MORE Firm/Company 372 DESTINATION DAYTONA LN. Address
Address
DRIMOND BEIKH, FL 32174
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (386) 366. 7100 Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Z

MAILING ADDRESS:

TO:

Registration Section

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**

	FILED
	'' 111/1/
	2017 NOV 17 PM 4:21
)	TALLAHASSEE, FLORIDA

ed Liability Company as it now appears on our records (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 3/17/16Florida document number __L/6000054 769 This amendment is submitted to amend 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 "LLC." 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 Office Address: Enter Florida street address

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.

Cirv

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 Title Title Name | <u>Address</u> **Type of Action** CHEL R. GUNSSBURN ZOUS N. WESTBROOK DIO Add MGRM MUNCIE, IN 17304 **□**Change □ Add ☐ Remove ☐ Change ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add ☐ Remove

☐ Change

	· · · · · · · · · · · · · · · · · · ·				
	-				
	.				
					BIT BY 1
	 				7
			·		
					35 7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	· · · · · · · · · · · · · · · · · · ·				9.7.
-		<u> </u>			200
<u> </u>			-		
					
		a.a.v		,	
ote: If the dat	to ther than the date is listed, the date must be space te inserted in this block d active date on the Departr	loes not meet the ap	plicable statutory fili	more than 90 days after ng requirements, this	onal) filing.) Pursuant to 605.0207 (date will not be listed as th
	ecifies a delayed effe ay after the record i		not an effective	time, at 12:01 a	.m. on the earlier of:
ued Nove	EMBER 14		7.		
		2	$\overline{}$		
	1 / (
	Signa	iture of a member or	authorized representativ	e of a member	

Page 3 of 3

Filing Fee: \$25.00