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8/21/2018

Division of Corporations

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Florida Department of State Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Doing so will generate another cover sheet.	. <u> </u>

To:

Division of Corporations

Fax Number

: (850)617-6383

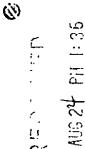
From:

Account Name : DELOACH,PL Account Number : 120030000125 Phone : (407)480-5005

Fax Number : (407)480-5025

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:				



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN XYZ123, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H180002449883

XYZ123, LLC

(Name of the Limit	ed Liability Com (A Florida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited L. Florida document number L16000084659	ability Compan	ny were filed on 05/03/2016 and assigned and assigned
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	the limited lia	ability company here:
The new name must be distinguishable and contain the w	onds "Limited Liah	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		PO Box 320134
(Moiling address MAY BE A POST OFFICE)	<u>BOX)</u>	Tampa, Florida 33679
B. If amending the registered agent and/ registered agent and/or the new registered of		office address on our records, enter the name of the new
Name of New Registered Agent:	DeLosch, PL	
New Registered Office Address:	1206 East Rid	igewood Street Enter Florida street address
	Orlando	Enter Florida Sireet doores.

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.

Çitv

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

8 4074805025

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MCR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Chad G. Durrance	5106 W. SAN JOSE ST.	
		TAMPA, FL 33629	Remove
			Change
MGR	Chad G. Durrance	PO Box 320134	B Add
		Tampa, Florida 33679	Remove
			[] Change
MGR	Leslie H. Durrance	PO Box 320134	= Add
		Tempa, Florida 33679	Remove
			Change
			Add A SC Reference A C Chaffige SS Chaffige
			Address C
			Remove
			☐ Change
			[] Chanve

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स्ताक्ट <u>८:</u> ो१	e date, if other than the date of filing: (optional) (ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuam to 605.020 (the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a self-ective date on the Department of State's records.
eco le 9	rd 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.
-d	August 21 . 2018.
	Child G. Durrance

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Fitting Fee: \$25.00