

8/21/2018

Division of Corporations

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Florida Department of State
Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
XYZ123, LLC

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Corporate Filing Menu

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K. SALY

AUG 31 2018

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

XYZ123, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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18 AUG 24 AM 12:41
FILED
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/03/2016 and assigned

Florida document number L16000084659

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 "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)

PO Box 320134

Tampa, Florida 33679

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:

DeLoach, PL

New Registered Office Address:

1206 East Ridgewood Street

Enter Florida street address

Orlando

City

Florida 32803

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, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Chad G. Durrance	5106 W. SAN JOSE ST.	<input type="checkbox"/> Add
		TAMPA, FL 33629	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Chad G. Durrance	PO Box 320134	<input checked="" type="checkbox"/> Add
		Tampa, Florida 33679	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Leslie H. Durrance	PO Box 320134	<input checked="" type="checkbox"/> Add
		Tampa, Florida 33679	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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TALLAHASSEE, FLORIDA

F. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated August 21, 2018

Signature of a member or authorized representative of a member.

Chad G. Durance

Typed or printed name of signee