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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	Name of Lim	ited Liability Company	vices LIC
The enclosed Articles of	Amendment and fee(s) are sub	nutted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	<u> </u>	Name of Person ,	<del></del>
	<u> </u>	Firm/Company ,	Mary LLC
	<u> </u>	Address	
		City/State and Zip Code	
	V 10 CC V E-mail address: (	to be used for future annual report noti	GA 1 5 fication)
For further information c	oncerning this matter, please ca	all:	
V (2) Name o	Person ()	at ( <u>NA)</u> <u>SS 1</u> Area Code Daytim	(30013) ne Telephone Number
Enclosed is a check for the	ne following amount:		
ত্রি \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 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 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

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability (Company)	<u>( _ `</u>
The Articles of Organization for this Limited Liability Company: Florida document number $\frac{1.002 \cdot (3C_0C_3C_3) \cdot 3C_2 \cdot 3C_2C_3}{2}$	were filed on <u>5/C/A</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" of	or the abbres lation "L.IC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	2044 Flore	11 21
(Mailing address MAY BE A POST OFFICE BOX)	Ton Cracio	10 11 37507
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		enter the name of the new
Name of New Registered Agent:	<del></del>	7
New Registered Office Address:	Enter Florida street address	16. Sept. 10. Se
	, Flor	
New Registered Agent's Signature, if changing Registered Agent:	Сиу	Zip Code
reconcerned regent a Signature, it changing registered regent;		

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.

H 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\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		Mary Chanking All Daniel	🗆 Remove
			<b>D</b> Change
18 Comment	Alexa get good Day		🗆 Add
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fective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot bete:  If the date inserted in this block does not meet the cument's effective date on the Department of State's re	applicable statutor	ng or more than 90 da	_( <b>optional)</b> rys after filing.) I nts, this date w	Pursuant to 605.02 ill not be listed :
record specifies a delayed effective date, but The 90th day after the record is filed.	ut not an effec	tive time, at 12	?:01 a.m. o	n the earlier
/ /	<u> </u>			
Signature of a member of				

Page 3 of 3

Filing Fee: \$25.00