1160000094327

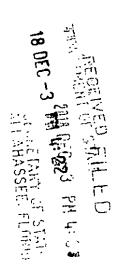
(Requestor's Na	ame)	
(Address)		
(Address)	,	
(City/State/Zip/F	Phone #)	
PICK-UP WAI	T MAIL	
(Business Entit	y Name)	
(Document Number)		
Certified Copies Certifi	cates of Status	
Special Instructions to Filing Officer:		
	N	

Office Use Only



600321629966

600321629966 12/04/18--01003--003 **25.00



S. PRATHER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Name of Person	
Carpenty pros	
2494 augustine Ct	
Tallahassee FL. 32311 City/State and Zip Code	2018
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
Name of Person at (50) 405-3645 Area Code Daytime Telephone Number	- <u>변</u> - 포 - 및 , .
Name of reison Admited	20
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified C	of Status &

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

	~	, .	- m m
Cyperty Ros (Name of the Limit	ted Liability Comp	any as it now appears on our records.) Liability Company)	C-3 PA
	(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited L	iability Company	were filed on 11 16 18	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name of $\mathcal{N} \setminus \mathcal{A}$			
The new name must be distinguishable and contain the v	vords "Limited Liab	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic		A /\ A.	
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:		NA	
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and registered agent and/or the new registered o			er the name of the new
Name of New Registered Agent:	NIA		
New Registered Office Address:	NIA	Enter Florida street address	
		emer i ier wa ar ce audi (a	
		, Florida	
		Cirv	Zin 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:

MGR = Manager

AMBR = Au	nthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
Ambil	Quenica Fletcher	2212 Bertshire	⊉ Add
		Tallahassee FL 32904	Remove
			Change
Mgc_	Drew Haischer	5626 Wallace Ct	🖸 Add
		Sykesville, MD 21784	Remove
			Change
			Add
			Remove
			Change
			🗆 Add
			Remove
			🗆 Change
			□ Add
			Remove
			Change
			Add
			□ Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if nec	
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days afte Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	tional) er filing.) Pursuant to 605.0207 (3)(b) tis date will not be listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 (b) The 90th day after the record is filed.	a.m. on the earlier of:
Dated Dictmber 3 , 2015 . Mayou How Signature of a member or authorized representative of a member	20 11. 18
1/	III DEC
Typed or printed name of signee	
Page 3 of 3	T3 PK 4:

Filing Fee: \$25.00