## L16000102001

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## **COVER LETTER**

TO: Registration So Division of Con			
SUBJECT:	TOTAL CreAT	te 66C	
	Name of Lim	nited Liability Company	· .
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Mike	Cokham Name of Person	
	Total	Firm/Company	
		Firm/Company	
	312 N. 0	Plenwood AVR Address	
		Address	
	Clearwat	City/State and Zip Code  Blue Bay Home  to be used for future annual report notice	55
		City/State and Zip Code	
	E-mail address: (	Blue Bay Home to be used for future annual report notice	S. U.S'
For further information of	concerning this matter, please c		<b>,</b>
Mike	Gokham	at (131) 149 Area Code Daytime	I- 4331
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	he following amount:		
□ \$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

lotal Cr	eate LLC	
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on May 25, 2016	and assigned
Florida document number <u>L 16000 10 2001</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab		
The new name must be distinguishable and contain the words "Limited Liabi		reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		·
		7 7
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		12
		- Contract
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		he name of the new
tegistered agent and/or the new registered office address ner	<u>.</u> .	\
Name of New Registered Agent:		
Marie of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	
	Liner Province Street dataress	
	, Florida	Zip Code
Now Desistand Agent's Cignatum if shapping Desistand Agents	City	Tib Cour

## 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 = N AMBR = A	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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