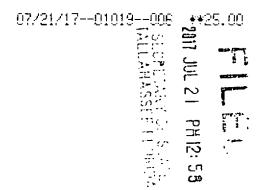
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(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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W 26 2019 J. HARRIE

COVER LETTER

	Registration Se Division of Cor			
011 0 117		FECT LLC		
SUBJEC	.1:		ited Liability Company	
The encl	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		NEIL S SCHECHT		
			Name of Person	
		NEIL S SCHECHT PA	Name of Limited Liability Company ent and fee(s) are submitted for filing. oncerning this matter to the following: S SCHECHT Name of Person S SCHECHT PA Firm/Company W KENNEDY BLVD Address PA, FL 33609 City/State and Zip Code SCHECHTLAW.COM E-mail address: (to be used for future annual report notification) this matter, please call: at (Area Code Daytime Telephone Number and amount: Copy Filing Fee & S555.00 Filing Fee & S60.00 Filing Fee, certificate of Status & Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)	
			Firm/Company	
		3630 W KENNEDY BLV	D	
			Address	
		TAMPA, FL 33609		
			•	
		NSS@SCHECHTLAW.CO		(estion)
For furth	er information co	oncerning this matter, please c		Sulvery .
NEIL S	SCHECHT			
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25. 0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &

MAILING ADDRESS:

TO:

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 Company as it now appea	rs on our records)	 	
(A Florida Limited Liability Company)	is on our records.		
ne Articles of Organization for this Limited Liability Company were filed on $\frac{6}{2}$	9/2016	and as	signed
orida document number L16000111509			
nis amendment is submitted to amend the following:			
If amending name, enter the new name of the limited liability company h	ere:		
e new name must be distinguishable and contain the words "Limited Liability Company," the o	designation "LLC" or	the abbreviation "I	L.C.``
nter new principal offices address, if applicable:		<u> </u>	
rincipal office address MUST BE A STREET ADDRESS)			-11
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-
			7*****
nter new mailing address, if applicable:			******
Auiling address MAY BE A POST OFFICE BOX)		<u> </u>	,
		فن : ن	

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.

City

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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	MICHAEL WOLFORD	1501 BAYSHORE BLVD	
		TAMPA, FL 33606	■ Remove
			□ Change
MGR	PATRICIA PEDERSEN	1501 BAYSHORE BLVD	= Add
		TAMPA, FL 33606	□ Remove
			Change
 			🗖 Add
			Remove
			Change
			D Add
			□ Remove
			☐ Change
			□ Add
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n effect o <u>te:</u> If	e date, if other than the date of filing: tive date is listed, the date must be specific and cannot be prior to date of filing or more than 9 the date inserted in this block does not meet the applicable statutory filing require at's effective date on the Department of State's records.	o days after titing.) Pursuant to 605.0207
	rd specifies a delayed effective date, but not an effective time, at Oth day after the record is filed.	: 12:01 a.m. on the earlier of
ted	Jah 19 2017.	
	- MIIM	
	Signature of a member or authorized representative of a men	, , , , , , , , , , , , , , , , , , ,
	NEIL S SCHECHT	
	Typed or printed name of signee	\$55.
	Page 3 of 3	PHI2:
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