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(City/State/Zip/Phone #)

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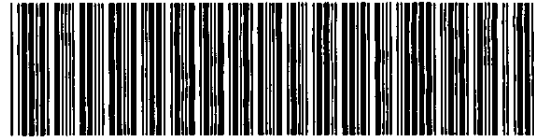
(Business Entity Name)

(Document Number)

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SEP 28 2016

S. YOUNG

FILED
2016 SEP 26 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Fleetwood Holdings LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Casey Collins & Jeff Ballard

Name of Person

Fleetwood Holdings LLC

Firm/Company

265 S Federal Hwy Ste 278

Address

Deerfield Beach, FL 33441

City/State and Zip Code

fleetwood2016@gmx.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alecia Sundberg

561 537-3898
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 SEP 26 PM 3:35

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

Fleetwood Holdings LLC

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

The Articles of Organization for this Limited Liability Company were filed on 07/11/2016 and assigned
Florida document number L16000130615.

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)

265 S Federal Hwy Ste 278

Deerfield Beach, FL, 33441

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

265 S Federal Hwy Ste 278

Deerfield Beach, FL, 33441

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:

Casey A Collins

New Registered Office Address:

265 S Federal Hwy Ste 278

Enter Florida street address

Deerfield Beach

, Florida 33441

City

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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Casey A Collins	5725 Hwy 290 W Ste 103,	<input checked="" type="checkbox"/> Add
		Austin, TX, 78735	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jeffery T Ballard	11814 Jollyville Rd Ste 104,	<input checked="" type="checkbox"/> Add
		Austin, TX, 78759	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Imelca Castillo	265 S Federal Hwy	<input type="checkbox"/> Add
		Deerfield Beach FL 33441	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

FILED STATE
SECRETARY OF HEALTH
TALLAHASSEE, FLORIDA
16 SEP 26 PM 3:36

E. 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 September 12th 2016

Carver Co.

Signature of a member or authorized representative of a member

Casey A Collins & Jeff Ballarf

Typed or printed name of signee