

	(Requestor's Name)
	(Address)
<u> </u>	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
<u>.                                    </u>	(Document Number)
Certified Copies	Certificates of Status
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: The Woody Band L.C.C.  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:
Civillesemi Franja Name of Person
Civilleremy FaniA  Name of Person  The Woody Band  Firm/Company
744 Red haven LN Address
OVIEDO 1 71 32 765  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For forther information conversion of income and the scale of the scal
Name of Person  Area Code  Daytime Telephone Number:
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status} \Bigcup \text{\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \Bigcup \text{\$60.00 Filing Fee, 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 Cornorations
Clitton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Lia	BRANJ L. L. C as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w Florida document number	ere filed on	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability		
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:	4817 Keencland CIACLE	
(Principal office address MUST BE A STREET ADDRESS)	ORIANOO, FI 32819	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	4817 Keeveland Circle Octondo, Fl 32819	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, enter the name of the new	
Name of New Registered Agent:	1/A SE	
New Registered Office Address:	Enter Florida street address	
	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 Title <u>Name</u> **Type of Action** 60Mez, Alberto 744 Red HAVON LN DAdd
OUTEDO, FI 32765 DRemove \_□ Change □ Add ☐ Remove ☐ Change □ Remove \_□ Change Remove

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If an effec <u>Note:</u> If	tive date is liste the date inser	d, the date mus rted in this blo	date of filing:  be specific and cock does not me epartment of St	annot be prior et the applic	cable statutory fili	nore than 90 days	optional) after filing.) Pursuant ( i, this date will not b	to 605.0207 (3)(b) e listed as the
			effective da ord is filed.	te, but no	ot an effective	time, at 12:	$01$ a.m. on the $\epsilon$	earlier of:
Dated _	8/	3/17	·	2017	<u></u>			
					orized representation  Fynu  led name of signee			_

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Filing Fee: \$25.00