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TALL MILESSEF FLORIDA

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COVER LETTER

Division of Corporations
SUBJECT: Laura Cole 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:
(- 1a
Laura Cole Name of Person
10.00 Cale 11C
Laura Cole LLC Firm/Company
2001 Wedge Court
Address
Sun City Center FL 33573 City/State and Zip Code
Lecole 26 wyahoo.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
10 6 10 00 11011 / 1129
Laura Cole at (813) 484-6428 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &
Check ant. of \$35 (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Sent 7/5/18-check 1015

MAILING ADDRESS:

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M

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

18	F	ILE	D
SEC	V(// ja.	_	
)	PETARY MASSE	E. FL	ATE PRIDA

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

(Name of the Limited Liability Company)

		- 2016 and assigned
Florida document number <u>L16000160771</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	iability company here: N/L	}
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	")	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	d office address on our recor <u>here</u> : レノカ	rds, enter the name of the new
Name of New Registered Agent:		
Name of New Registered Agent:	Enter Florida street add	
Name of New Registered Agent:	Enter Florida street add	
Name of New Registered Agent: New Registered Office Address:	Enter Florida street add City	ress Florida Zip Code
Name of New Registered Agent: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent	Enter Florida street add Cuy ent:	Florida Zip Code
Name of New Registered Agent: New Registered Office Address:	Enter Florida street add Cuy ent: agree to act in this capacity. I plete performance of my duties, as provided for in Chapter 60	FloridaZip Code Zip Code further agree to comply with the and I am familiar with and 5, F.S. Or, if this document is

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 Type of Action Address Title Name a001 Wedge Ct. Elizabeth Hammons AMBR FL 33573 _____ Change □ Add ☐ Remove □ Add □ Remove _□ Change _□ Add ☐ Remove ☐ Change □ Add □ Remove _□ Change

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`an effective N <mark>ote:</mark> If the	ate, if other than date is listed, the date date inserted in the effective date on t	te must be specific his block does n	and cannot be pot meet the app	rior to date of filing olicable statutory	gor more than 90 da	(optional) ys after (Hing.) its, this date w	Pursuant to 605.0207 (ill not be listed as t
e record The 90t	specifies a del h day after the	ayed effective record is file	e date, but ed.	поt an effecti	ive time, at 12	2:01 a.m. o	n the earlier of:
	July :	25	201.	<u>8</u> .			
Dated	Ĭ,	C. D.					
Dated	Laure	2 Cole	of a member or a	uthorized represen	tative of a member		

Page 3 of 3

Filing Fee: \$25.00