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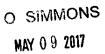
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COVER LETTER

Division of Cor	porations		7
SURJECT: A To	ouches class	OF WELAND, LL	د
Sobject	Name of Limit	ted Liability Company	·····
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter to	o the following:	
	Robert	Name of Person	-
	Polent f	S. Bissonnet Firm/Company	te, P.A.
		Address	
	Ft. Lande	City/State and Zip Code City/State and Zip Code City/State and Zip Code Cod	33306 L
	E-mail address: (to	be used for future annual report notif	ication)
For further information co	oncerning this matter, please cal	ni:	
Pole ext O. E	Ssomette Es	at (954) 561-3	5554
Name o	(Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne 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:

TO:

Registration Section

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

TO ARTICLES OF ORGANIZATION OF

A TOUCH OF CLASS OF DELAND, I.				
(Name of the Limited Li (A F	<u>iability Company</u> lorida Limited Lial	as it now appears on bility Company)	our records.)	
The Articles of Organization for this Limited Liabili Florida document number L16000161950		ere filed on AUGU	IST 29, 2016	and assigned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	limited liabilit	y company here:		
A TOUCH OF CLASS OF FLORIDA, LLC				
The new name must be distinguishable and contain the words	"Limited Liability	Company," the design	nation "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicable	ı•	1304 S.W. <i>5</i> TH CO	URT	and the same
(Principal office address MUST BE A STREET A	_	FORT LAUDERDA	LĘ, FL	THE STATE OF THE S
i riscipai office dadi ess me or bir normani a		33312		بر ان
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	, · -	SAME AS ABOVE	,	
Name of New Registered Agent: New Registered Office Address:	address here:	ONNETTE, Essa. ND PARK BLVD., S Enter Florida s	TE. 104 treet address	
_	<u> </u>	City	, Florida	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

or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>litle</u>	<u>Name</u>	Address	1 ype of Action
MGR	JENNIFER L. HUNT	1304 S.W. 5TH COURT	Add
		FT. LAUDERDALE, FL 33312	
			□ Remove
			Change
MGR	SEAN T. STRAUTMAN	1304 S.W. 5TH COURT	Add
		FT. LAUDERDALE, FL 33312	□ Remove
			Change
			Add
			☐ Reijiove
			Change
			Add
		4 .	□ Remove
			Change
	<u> </u>	 	Add
			□ Remove
			Change
			Remove
			☐ Change

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Effective date, if other than the date of filing:
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed.
Dated Signature of a member or authorized representative of a member
SEAN T STRANTMAN Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00