# 16001635

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S. YOUNG

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## **COVER LETTER**

TO: Registration Section of Corp			•	-
SUBJECT: Llenn	PSS ) Auto	ted Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	210	Name of Person  NeSSY Author  Firm/Company  3 W. Herman  Address  Ola FL 325  City/State and Zip Code  MUTTO Di Clux  o be used for future annual report notifi	L.L.C.  Ave.  Tos  d.com	TALLATIASSITETE STATE
For further information con	E-mail address: (1 neerning this matter, please ca		cation)	01 /p/
Gregory	Burdin	at ( $\frac{850}{\text{Area Code}}$ ) $\frac{305-4}{\text{Daytime}}$	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 Statu Certified Copy (additional copy is encl	1

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Diabi	Putos L. L. C.  lity Company as it now appears on our records.)  da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	<del></del>
		<b>1</b> 37 -
Enter new mailing address, if applicable:		30 SRFE
(Mailing address MAY BE A POST OFFICE BOX)		2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		20 OF 1
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	rida
	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>	Address	Type of Action
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record specifies The 90th day aft	a delayed effect er the record is f	ive date, but iled.	not an effect	ive time, at 1	2:01 a.m. on t	he earlier
ted $1-2$	7-2017					
	Juny 21	3 m)		ntative of a member		
	Signature	Fot a member or a	uthorized represer	itative of a member	i	

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Filing Fee: \$25.00