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Division of Corporations Electronic Filing Cover Sheet

onda Department of State

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(((H16000260253 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

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Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062

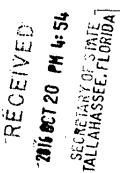
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN C TYRELL ENTERPRISE LLC

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OCT 21 2016

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Corporate Filing Menu

Help

COVER LETTER

TO: Registration S Division of Co			
	L ENTERPRISE LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	'Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
	Cheyenne Moseley		
		Name of Person	
	Legalzoom.com, Inc.		h
Firm/Con		Firm/Company	র ০
101 N. Brand Blvd., 11th Floor			2 130
		Address	
	Glendale, CA 91203		
		City/State and Zip Code	ŗ
	Christinetyrell87@gmail	.com to be used for future annual report noti	
For further information	concerning this matter, please c	•	
Cheyenne Moseley		800 773-0888 e	xt. 9724
Name	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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)
Regist Divisi P.O. E	LING ADDRESS: ration Section on of Corporations lox 6327 assec, FL 32314	STREET/COURI Registration Section Division of Corpool Clifton Building 2661 Executive Co Tallahassee, FL 32	n ations inter Circle

-551

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C TYRELL ENTERPRISE LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jiability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L16000168503 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	were filed on 09/09/2016	and assigned
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2525 B. Hillsborough Avc	
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33613	g -p
,		
		6 22
Enter new mailing address, if applicable:	2525 E. Hillsborough Ave	고 있었다
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 33613	<u> 75 - 63</u>
		<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zin Code
	Cuy	rh coas

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member				
<u>Title</u>	Name	Address	Type of Action	
			Remove	
				
			□ Remove	
			TALLY TO BE Add	
			22 S3	
			Remove E 97 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
		-	□ Add	
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			Add	
			□ Remove	
			Add	
		<u> </u>	□ Remove	

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Article IV. Please update the address of both managers (Bryan McLeish and Christine	
Tyrell) and the authorized member (Christine Tyrell) to the following:	
2525 E. Hillsborough Ave, Tampa, FL 33613	
E. Effective date, if other than the date of filing:	
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)	
Dated 10/18/2016 Christine Cornell	
Signature of a member of authorized representative of a member Christine Tyrell	
Typed or printed name of signee	16 DCT 20 PM 12: 24

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Filing Fee: \$25.00