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(Requ	uestor's Name)	
(Addı	ress)	
(Addi	ress)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nai	me)
(Doc	ument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to Fi	iling Officer:	





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D. BRUCE SEP 28 2016

COVER LETTER

	egistration Se vision of Cor					
SUBJECT		STMENTS, LLC				
SUBJECT		Name of Limited Liability Cor	npany			
The enclose	ed Articles of	Amendment and fee(s) are submitted for filing	y. *			
Please retur	n all correspo	ndence concerning this matter to the following	g:			
		RITA JACKMAN				
		Name of F	Person			
		POWELL, JACKMAN, STEVENS & RIC	CIARDI, PA			
Firm/Company						
		4575 VIA ROYALE SUITE 200				
		Addre	ss			
		FORT MYERS, FL 33919		PAGE 1	5	er gree
		City/State and	Zip Code		P	ع ع آفظ والياب الشي حة وا
		rjackman@your-advocates.org	ura annual report notification)	(3) (3)	3	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:				IJ ∉	in the state of	
RITA JAC	KMAN	239 at (689-1096	Hari Ve	ω Lu	
	Name of		Code Daytime Telephon	ie Number		
Enclosed is	a check for th	e following amount:				
\$25.00	Filing Fee	Solution and Status Soluti	l Copy I copy is enclosed)	60.00 Filin Certificate Certified C (additional co	of Statu Copy	

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

any as it now appears on our records.) Liability Company)
were filed on SEPTEMBER 12, 2016 and assigned
ility company here:
lity Company," the designation "LLC" or the abbreviation "L.L.C."
ffice address on our records, enter the name of the n
<u>:e</u> :
Enter Florida street address (c)
m- W
, Florida Zip Code
- Zap Court
1

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 Type of Action Name Address _□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add Remove Change J ☐ Add □ Remove ☐ Change □ Add □ Remove the E ☐ Change

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	E 8 12
	22 7
ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing or more tee. If the date inserted in this block does not meet the applicable statutory filing r	
ument's effective date on the Department of State's records.	•
record specifies a delayed effective date, but not an effective time. he 90th day after the record is filed.	ne, at 12:01 a.m. on the earlier
ed Septemby 19, 2016.	
Signature of a member or authorized representative of	`a member
	
Pita Tuchman	

Page 3 of 3

Filing Fee: \$25.00