L16000176023

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



800317631728

08/27/18--01003--002 **80.08

TALLANTASON REOPIDA

FILED 2018 AUG 27 AH 9: 05

K. SALY AUG 27 2018 18 AUG 27 AM 8: 44

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 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:
Daniel Blaik
Name of Person The state of th
1609 Rankin RD
City/State and Zip Code Bold 71 (a) Con (as), Ned E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: at (550) 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 (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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 Tallahussee, FL 32301

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION **OF** (Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _ Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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

Page 1 of 3

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 = M $AMBR = A$	anager uthorized Member				1 9-
<u>Title</u>	<u>Name</u>	· · · · ·	Address	160 Man Kiv	Type of Action
MGR	David	Schal	30V_	160 Lahahasse	Add
					<u></u> Remove
					Change
					Add
					Remove
		<u></u>			FILED HASSES
					THemore
					□ Change
					Add
			<u>u</u>		Remove
					Change
		·····			Add
				·	Remove
					☐ Change
			11/2		Add
					□ Remove
					☐ Change

<u></u>	
-	
	FILL AHASSE
	20 SECTION OF THE PARTY OF THE
-	
F6641 4-	
Note: If the	ate, if other than the date of filing:
	specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of day after the record is filed.
Dated	7/27/18
-	Signature of a member or authorized representative of a member
	The sign of Rolling
_	Typed of printed name of signee

Page 3 of 3

Filing Fee: \$25.00