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D. SCOTT DEC 1 9 2018

COVER LETTER

TO: Registration Secti Division of Corpo SUBJECT:	Fistel	ted Liability Company	110
The enclosed Articles of An	nendment and fee(s) are subr	nitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	
	Fister 2598 & Fort La	Name of Person Realty Firm/Company Sunsise B Address Address Volendale, Fundale, Fundal	1 33304 =
•	•		ation)
	erning this matter, please ca		
Liliana Name of Po	Fistel	at (<u>954)</u> <u>562</u> Area Code Daytime T	elephone Number
Enclosed is a check for the f	ollowing 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:

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

Fistel Ro	alty	110
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears o Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Company Florida document number $\underline{L6000179756}$	were filed on <u>S</u>	20127/Grand assigned
This amendment is submitted to amend the following:		,
A. If amending name, enter the new name of the limited liab	ility company here	:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	27872	C. Oakland PK. Blvd.
(Principal office address MUST BE A STREET ADDRESS)	Duite Ft Jan	1975 - 33306 Jerdale, FL 33306
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2787 E Svite IT Law	Oakland Pk. Blvd 415 1, FL 33306
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ur records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Floride	street address
		, Florida
	Сиу	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 **Type of Action Address** <u>Title</u> <u>Name</u> _ 🗆 Add ☐ Remove ☐ Change □ Add ☐ Remove Change ☐ <u>→</u> □ Add Remove ψį □ Change □ Add _□ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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(If an effective date is list Note: If the date inse	her than the date of filing: ted, the date must be specific and cannot be prior to date of filing erted in this block does not meet the applicable statutory date on the Department of State's records.	(optional) g or more than 90 days after filing.) Pursuant to 605.0	
The 90th day a	es a delayed effective date, but not an effect fter the record is filed.		r of
Dated <u>Dece</u>	ember 6 9018		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00