## L16 000189295

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(21), 21111 2 /2 / 1011
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## **COVER LETTER**

TO:

TO: Registration Se Division of Corp			
	Victoria	Å a	
SUBJECT:	Name of Lim	r ASSOCIATES LLC ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Ex	SI (o. 5 Name of Person	
		Name of Person	
	Uich	Gy Tat J Associates icc	
		Firn/Company	
	6768 Sticling	Address	
	<del></del>	Address	·
	1 loituunn	1 AC 23864	
		City/State and Zip Code	
	Victoryla	City/State and Zip Code  J Mywes Power Com to be used for future annual report in	addinosium)
For further information c	oncerning this matter, please of	•	ouncation
	-		
- Hilly Aug	ustin	at ( <u><b>1</b>59</u> ) <u>873-</u> Area Code Days	-   533
Namoo	i Person	Area Code Days	mile Telephone Suncer
Enclosed is a check for the	ne 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)
Mailing Addres		Street Address:	
Registration S  Division of C		Registration S Division of C	
P.O. Box 632	-	The Centre of	f Tallahassee
Tallahassee, I	FL 32314	2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) liability Company)				
The Articles of Organization for this Limited Liability Company  Florida document number	were filed on (): H2 , 2015	and assigned			
i Haralage and Talantage Company	were med on	und assigned			
Florida document number(V000 [942 55					
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	ity Company," the designation "LLC" or the ab	obreviation "L.L.C."			
Enter new principal offices address, if applicable:	6969 Stilling Pd	69 Stining Pd			
(Principal office address MUST BE A STREET ADDRESS)	Hollywood, 6c 33024				
		<del></del>			
Enter new mailing address, if applicable:	(0768 St. Ming 20				
(Mailing address MAY BE A POST OFFICE BOX)	1-10/14/10054, FC 32074				
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	iddress on our records, <u>enter the nam</u>	e of the new registered			
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street address	<del></del>			
	, Florida,	Zip Code			
New Registered Agent's Signature, if changing Registered Agent:	\	2347 (3344)			
I hereby accept the appointment as registered agent and agraphovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am jorovided for in Chapter 605, F.S. Or.	familiar with and if this document is			
If Char	nging Registered Agent, Signature of New Re	gistered 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>	<u>Address</u>	Type of Action
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l'an effecti <mark>Note:</mark> If	iive date is list the date inse	ed, the date mu erted in this b	ist be specific an	nd cannot be promeet the app	dicable statuto	ng or more than	(optiona 90 days after fili ements, this da	il) ng.) Pursuant to 60 ite will not be lis	05.0207 sted as
record s	•	alayed effectiv	ve date, but no	ot an effectiv	e time, at 12:0	1 a.m. on the e	arlier of: (b)	The 90th day aft	er the
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