## L16000191635

	(Requestor's Name)			
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-UF	P WAIT MAIL			
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				





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SECRETARY OF JACE OF THE SECRETARY OF CARPORAGE (CARPORAGE)

N COOPER JUL 02 2018

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	38 LLC		
SUBJECT:		ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		1er B Stall Name of Person	
		Firm/Company	
		• •	
	5012	Course Dy.	
		City/State and Zip Code	34232
	d /	City/State and Zip Code	
	E-mail address: (0	l (a) C) m a ! . Com to be used for future annual report noti	fication)
For further information	concerning this matter, please ca	all:	
1 x . B	rand Stall	at ( 94/) 2 ( ( Area Code Daytim	5.61/0
Name	of Person	Area Code Daytim	e Tetephone Number
Enclosed is a check for	the 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. I	ING ADDRESS: \\ tration Section \\ on of Corporations \\ Box 6327 \\ nassee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co	on rations enter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

38 LLC

70	
( <u>Name of the Limited Liability Compan</u> (A Florida Limited L	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company of Florida document number	were filed on to
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2
(Principal office address MUST BE A STREET ADDRESS)	<b>6</b> Yes
	Up Care
	20
Pater series willing address if applicables	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pa being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

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	Name	Address	Type of Action
MGR	Tyler & Stall	5012 Coure Dr. Sarata, A	34292 L_BAdd
			□ Remove
			Change
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ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 degree. If the date inserted in this block does not meet the applicable statutory filing requirement and the date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 1 he 90th day after the record is filed.	2:01 a.m. on the earlier of
ed 6/26/18.	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00