LICCCCI94348

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



500335957245

10/28/19--01014--035 **25.00

JIVISION OF COMPONATIONS

NOV 18 2013 C MCNAIR

COVER LETTER

	Registration Section Division of Corpor			1900
SUBJEC	т: <u>/8 «</u> 8_	Commerce L Name of Limite	<u>と</u> d Liability Company	
The enclo	sed Articles of Am	endment and fee(s) are subm	itted for filing.	
Please ret	um all corresponde	ence concerning this matter to	the following:	
		KIMBERLY	Name of Person	
		1868 Lomm	Firm/Company	
		701 South MA	Address	
		LUEST PALID B	EACH FLORIBA 3: City/State and Zip Code	3 40/
	-	LUESTON. MAY. E-mail address: (to	HUE 1 Blamail, Com be used for future annual report notifi	cation)
For furthe	er information conc	erning this matter, please cal	1:	
_Kım	BERLY W Name of Po	ESTOP erson	at (5/c/) 452 a Area Code Daytime	7 9 8 8 Telephone Number
Enclosed	is a check for the	following amount:		
⊠ \$25.0	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)
		G ADDRESS: on Section	STREET/COURING Registration Section	

Division of Corporations

P.O. Box 6327 Tailahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1868 Comm	tiry Company as it now appears on our records.) In Limited Liability Company)
(A Florid	la Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on 10/20/16 and assigned
Florida document number <u>L16000194348</u>	<u>3 </u>
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Li	mited 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 ADD	ORESS)
Enter new mailing address, if applicable:	
(Mailing address M.4Y BE A POST OFFICE BOX)	
,	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our records, <u>enter the name of the new</u>
registered agent and/or the new registered office au	uress 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 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

<u>Title</u>	Name	Address	Type of Action
AMBR.	JAYBEN MAYHUE	701 SOUTH MANGONIA L'IRCL	<u>e</u> □ Add
		WEST PAIN BEACH, FLORINA	3340 / Remove
			Change
Ames_	KINBERLY WESTON	701 SOUTH MANGONIA CIRCLE	Add
		LIEST PALM REACH FLERINA 3340	/□ Remove
			Change
ANIBB.	TERRANCE FULLER	701 SOUTH MANGONIA CIRCLE	E Add
	LIEST	WEST PALM BEACH, FLORIDA 33.	<u>f¢ /</u> ☐ Remove
			□ Change
			Add
			Remove
			Change
			🗅 Add
			□ Remove
			Change
			Add
			Remove
			☐ Change

(If an e Note	tive date, if other than the date of filing: OCTORFA DO DO19 (optional) ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
Date	d OCTOBER 15 , 2019.
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00