



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

## (((H19000333992 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Tc:	Division of Corporations				
	Fax Number	:	(850)617-6383		
From:					
	Account Name	:	TAVISTOCK DEVELOPMENT		
	Account Number	:	120170000084		
	Phone	:	(407)909-9957		
	Fax Number	:	(407)909-9957		

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_

Certificate of Status	0	2513	
Certified Copy	0	1	•**
Page Count	04		· .
Estimated Charge	\$25.00	I	1
		טי ג	:
			•
		· · ·	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INDIVON LLC

Electronic Filing Menu Corporate Filing Menu Help

9<u>1</u>-2 Para P.24 13 P.1

9099984 Tavi:	stock		C2:18:29 p.m.	11-13-2019	2 /5
	; · ·	•	<b>*</b> .	•	Į.
		COVER LETTER			
TO: Registration Division of C					
LN Pixor SUBJECT:					
	Name of Lim	ited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
	Michelle Dadisman				
		Name of Person			
	Tavistock Financial, LLC				
		Firm/Company			
	9350 Conroy Windermere	Road			
		Address			
	Windermere, FL 3476				
	michelle.dadisman@tavisto	City/State and Zip Code tek.com			
	E-mail address: (	to be used for future annual report notifie	cation)		
For further information	concerning this matter, please ca	all:			
Michelle Dadisman		407 909-9957			
Name	of Person		felephone 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)	Certified	e of Status &	
Regis	LING ADDRESS: stration Section	STREET/COURIE Registration Section			
P.O.	ion of Corporations Box 6327 hassee, FL 32314	Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	ter Circle		

•

.

Tavistock			

•

4079099984

.

375

ARTICLES O	TO F ORGANIZATION
	OF 2019 NOT 13 P 2: 10
LN Pixon, LLC	
	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>1.16000224549</u>	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited</u>	liability company here:
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LUC" or the abbreviation "L.L.C."
-	iability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Enter new principal offices address, if applicable:	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS	
The new name must be distinguishable and contain the words "Limited L Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS Enter new mailing address, if applicable:	

Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street aa	kliess
		, Florida
	Cuy	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 abligations 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, <u>enter the title, name, and address of each person</u> being added or removed from our records:

## MGR = Manager AMBR = Authorized Member

Tavistock

<u>Title</u>	Name	Address	Type of Action
VP, T	Jeffrey S. Smith	6900 Tavistock Lakes Blvd.	
·=		Suite 200	<u> </u>
			Remove
		Ortando, FL 32827	D Change
VP, T	Benjamin A. Weaver	6900 Tavistock Lakes Blvd.,	
		Suite 200	🛱 Add
			🗆 Remove
		Orlando, F1, 32827	Change
			🔄 🗌 Add
			C Remove
			Change
			Add
			C Remove
			Change
			Add
		·	C Remove
			Change
			🗆 Add
			Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

•
 <u> </u>
· • • • •
······································
······
·····

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated November 12, DET.

fall.

Signature of a member or authorized representative of a member

Michelle R. Rencoret, Vice President & Secretary

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00