116000225580

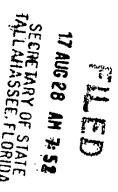
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u> </u>
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



800302876038

08/28/17--01031--017 **25.00



AUG 29 2017 J SHIVERS

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	Name of Limited Liability Company
The enc	closed Articles of Amendment and fee(s) are submitted for filing.
Please r	return all correspondence concerning this matter to the following:
	Sary Bourser Name of Person
	Firm/Company
	J201 Mariner Prile #117
	Address FL 37306 City/State and Zip Code
	ODOWP 23 of go from
For furt	her information concerning this matter, please call:
	Name of Person at (954) 70) 9035 Area Code Daytime Telephone Number
Encl <i>y</i> se	ed is a check for the following amount:
\$25	.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

Wittel Autom Extup	ie UC
(<u>Name of the Limited Liability Company as it</u> (A Florida Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were Florida document number <u>じんりりょう 580</u> .	filed on IN BIT and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	ompany here:
The new name must be distinguishable and contain the words "Limited Liability Con	
Enter new principal offices address, if applicable:	201 Mariner Drive #117
(Principal office address MUST BE A STREET ADDRESS)	Candardale FL 77716
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, enter the name of the new
Name of New Registered Agent.	28 G
New Registered Office Address:	Enter Florida street address
	Florida 5
Con Registered Agent's Signature if sharping Registered Agent	ny Zip Code

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 = M $AMBR = M$	Aanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
46R	Patricia Blake	17 Fairfield Ave So Attlebano Ma 02703	Add
		So Atthebano Ma 02703	☐ Remove
			Change
			Add
			☐ Remove
			Change
			🗖 Add
			Remove
			Change
<u> </u>			
			□ Remove
			Change
			🗖 Add
		· · · · · · · · · · · · · · · · · · ·	☐ Remove
			Change
			Add
			□ Remove
			□ Change

			•	•								_
												_
												_
												_
												_
												_
												_
										·		_
												_
										¥E	3	_
										≩ ₩	ŝ	**********
										ASSE	2	- Proces
										in O	Ì	
								 .			**	O
											34	_
										سیعه		_
					. 1				•			_
fective d	ate, if other th	an the date	of filing		7/13			(optiona	ıl)		
	date is listed, the o											
	effective date or					-	· ·	•				
						ec .						
	specifies a do h day after th			ate, but	not a	n effect	ive time	e, at 12:	Ul a.m	i, on th	e eari	ier of
	\sim 1											
	8 25		,	201	<u>) </u>							
ated	•	/ '	-7									
ated		(~~	<u> </u>									
ated		Signa	nture of a n	ember or a	authorize	d represer	itative of a	member				

Page 3 of 3

Filing Fee: \$25.00