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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO:	Registration Section Division of Corpora			~	
SUBJI	ЕСТ:	Name of Limi	ted Liability Company		
The en	nclosed Articles of Ame	ndment and fee(s) are subt	nitted for filing.		
Please	return all corresponder	ce concerning this matter	to the following:		
		Den	tal Goldevas	Ser	
	_	No	VI GOLD L		
	_		Firm/Company	· · · · · · · · · · · · · · · · · · ·	
		22	295 huade	dougle 54-)	
	_	10 A	2009 Puta	· K 33433	>
		Yeu 2 v E-mail address: (i	City/State and Zip Code City/State and Zip Code Obe used for future annual report notified	eson nel a com	
For fu	ther information conce	rning this matter, please ca	SW 56	1- 441-801	2
Enclos	sed is a check for the fo	lowing amount:			
<u> </u>	5.00 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 ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, F1, 32301

, ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

Florida

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 = Aut	thorized Member		
<u>Title</u>	Name	Address	Type of Action
Mar	Michael Levinrad	22295 hundeluses Bora Ration Fr 33433	Monda
	Levinrud	Bora Ration Fr	☐ Remove
		33453	☐ Change
			🗆 Add
		<u>, , , , , , , , , , , , , , , , , , , </u>	☐ Remove
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michael Levinad	17 MR 20 PH 2:
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ffective date, if other than the date of filing: 3	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the The 90th day after the record is filed.	e earlier of
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Page 3 of 3

Filing Fee: \$25.00