## U70000 18842

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## **COVER LETTER**

TO:	Registration Se Division of Cor			
CHINARY		ER ENTERPRISES, LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		JANNA WHEELER		
		LJ WHEELER ENTERPR	Name of Person ISES LLC	
		2511 F RD	Firm <sup>1</sup> Company	
		LOXAHATCHEE, FL 33	Address	
		JANNA@SSNATIONALW	City/State and Zip Code /ASTE.COM	
		E-mail address: ()	to be used for future annual report noti	fication)
For furth	her information co	oncerning this matter, please co	all:	
JANNA	WHEELER		561 242-0920 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed	d is a check for th	ne 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)

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

(Name of the Limited Liability Company as it now appears on our records): A HAS

FILED

LJ WHEELER ENTERPRISES, LLC

company has been notified in writing of this change.

2018 DEC 10 PM 2: 05

The Articles of Organization for this Limited Liability Company were filed on JANUARY 24, 2017 and assigned Florida document number L17000018862 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: IN & OUT PORTABLES, LLC The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Cin New Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New 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

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
AMRR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<del></del>			
			□ Remove
			□ Change
	<del></del>	Remove	
			Change
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			☐ Remove
		4	Change
			Remove
			□ Chanve

(If an e Note	DECEMBER 6, 2018  tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier one 90th day after the record is filed.
	1 2-2 2018. Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00