## L17000021723

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## **COVER LETTER**

TO:

**Registration Section** 

P.O. Box 6327 Tallahassee, FL 32314

Division of Corp	porations		
suвјест: <u>(У)(</u> \ <u>\</u>	Walls Alle of Limit	15 LUNDSCUR ted Liability Company	<u>CC</u>
The enclosed Articles of a	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	Mean	Name of Person	
	Matheus	COUNS CON	SCAPC LIC
	1418 Conr	March Cucl	<u> </u>
	COUF P	City/State and Zip Code	9563 906 gradit (010)
	1:-mail address: (t	C(U) (UVS)	allion) JACCO (IV)
For further information co	oncerning this matter, please ca		
A (CA) L Name o	Chile Person	at (\(\sum_{\text{Area Code}}\)) \(\sum_{\text{Daytime}}\)	Telephone Number
Enclosed is a check for th	ne following amount:		
室 \$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)
			1
Registr	ING ADDRESS: ation Section on of Corporations	STREET/COURI Registration Section Division of Corpora	1

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 Com	E / (LY) (SCA) C (pany as it now appears on our records.) d Liability Company)	<u>( (                                  </u>
The Articles of Organization for this Limited Liability Comparellorida document number $4000000000000000000000000000000000000$	•	and assigned
This amendment is submitted to amend the following:		
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  the new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"  Enter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" o	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:	- 12 1111	
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
registered agent and/or the new registered office address h		enter the name of the new
New Registered Office Address:		<u> </u>
	Enter Florida street address Flor	ida 1977.
	City	5 Zip wale
New Registered Agent's Signature, if changing Registered Agen		077
I hereby accept the appointment as registered agent and as provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officeompany has been notified in writing of this change.	te performance of my duties, and s provided for in Chapter 605, F	' Frijn familiar with and S. Or, if this document is

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 Type of Action Address <u>Title</u> Name. MATHER WHILE 1918 CONDUMBIA CUC MCP, CON BROOK, FL 33563 □ Change \_□ Add □ Remove ☐ Change □ Add

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If amending any other information, enter change(s) here: (Attach additional sheets, if	necessáry.)
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Effective date, if other than the date of filing:	optional) after filing.) Pursuant to 605,020 s, this date will not be listed a
ne record specifies a delayed effective date, but not an effective time, at 12:0 The 90th day after the record is filed.	01 a.m.; on the earlier o
Dated ACCEST 5 2017	
Signature of a member or authorized representative of a member	!
	1

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Filing Fee: \$25.00