Division of Corporations



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To:			
	Division of Co	rporations	
	Fax Number	: (850)617-6383	
From:			
	Account Name	: LEGALZOOM.COM INC.	<u> </u>
	Account Number	: 120010000062	
	Phone	: (323)962-8600	
	Fax Number	: (323)962-3889	used for future

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

## JT LLL LLC

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SEP 24 2019

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### **COVER LETTER**

	gistration Servision of Corp			
and the state of t	IT LLL LIA			
SUBJECT	The same of the same to the sa	Name of Limi	ted Lightlity Company	
The enclose	ed Articles of :	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	m all correspo	ndence concerning this matter	to the following:	
		Cheyenne Moseley		
			Name of Person	n – were yer begenningsplanning as ye tilimidh faar fi yeri shadir
		Legalzoom.com, Inc.		
	•		Finn/Company	
		tOLN Brand Blvd 11th Fl		
		way to the state of the state o	Address	
		Glendale, CA 91203		
			City/State and Zip Code	
		capepalace@yahoo.com.		
For further	information c	E-mail address: ( oncerming this matter, please ea	to be used for future annual report no all-	(dification)
Chevenne		oneerming has morely promote to	800 773-0888	
	Name o	E Person	at () Area Code Dayti	me Telephone Number
Enclosed is	s a check for th	he following amount:		
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (addisonal 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 Tallahussee, FL 32314		STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle		
	incan	145000 1 11 J L J L J L J L J L J L J L J L J	Tallahassee, FL	

#### To:

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FF CLL LLC			
(Name of the Lim	led Liability Company as it now appears of (A Florida Limited Liability Company)	n aur records.)	
The Articles of Organization for this Limited I Florida document number <u>L17000036685</u>	Liábility Company were filed on 02/15	/2017 and assigned.	
This amendment is submitted to amend the fol	lowing:	5	
A. If amending name, enter the new name of	of the limited liability company here		
The new name must be distinguishable and contain the	words "Limited Liability Company," the desig	gnation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	The state of the s		
(Principal office address MUST BE A STREET ADDRESS)			
	الله الله الله المسافرة في من المراجعة في المراجعة عن المراجعة عن المراجعة المراجعة المراجعة المراجعة المراجعة	<u> </u>	
Eater new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	E BOX)		
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	Mice address here:	ur records, enter the name of the ne	
New Registered Office Address:	1424 Cape Coral Pkwy		
	Enter Florida street address		
	Cape Corel	, l'Horida 33904 Zip Code	
	City	Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as res	per and complete performance of ne	y duties, and I am familiar with and	

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 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

<u>Tirle</u>	Name	Address	Type of Action
MGR	PSS Group LLC	1424 Cape Coral Pkwy Cape Coral, Ff. 33904	■ Add
			□ Remove
			Chrage
MĞR	Peggy Steele	1424 Cape Corul Pkwy Cape Corul, FL 33904	Se Add
			Remove
			. (J) [T]
Linguage of the second of the		Indicates and the second of th	O Guange
			□ thomas and a
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			C Change
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			□ Add
			□ Remove
			Change

Page 3 of 3

Typed or printed name of signee

Dated August 21

James Trovato

Filling Fee: \$25.00

member or authorized representative of a member