# L17000038927

. (Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



900310035789

03/08/18--01017--014 \*\*25.00



J. HARRIS

COVER LETTER The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

\$25.00 Filing Fee

TO:

**Registration Section Division of Corporations** 

> □ \$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

The Articles of Organization for this Limited Liability Company were filed on . 2.141 Florida document number L170000 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 "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 . Florida City

## New Registered Agent's Signature, if changing 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 company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records: MGR = Manager AMBR = Authorized Member Type of Action **Address** <u>Title</u> <u>Name</u> □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change \_ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Add ☐ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

	<u> </u>						
	<del></del>	<del></del>	$\overline{}$				
		<del></del>				<u>,,</u>	
						+_+, -	
<del></del>		<del>/</del>		<del></del>	<del></del>	<del></del> -	
		/					
				·		<del></del> _	
· · · · · · · · · · · · · · · · · · ·		·····					
				· · · · · · · · · · · · · · · · · · ·		<del></del>	
					,	····	
7							
ective date, if other			rior to date of filing o	r more than 90 days	o <b>ptional)</b> after filing ) Purs	uant to 605 02	( <b>07</b> (3)
te: If the date insert	ed in this block does	not meet the app	licable statutory fi				
	•						
	a delayed effect er the record is f		not an effective	e time, at 12:0	01 a.m. on t	he earlier	of:
_						•	
ed 3,3,1	<u>/                                    </u>	<del></del>	<u> </u>		, ,2196		
_ 4			Solar	20//	±1_		
$\mathcal{L}$	MM 111	ノハノハリノ			-755-0°	· · 🚃	

Page 3 of 3

Filing Fee: \$25.00