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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	TIAW	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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MAY 23 2017

Y SULKER

COVER LETTER

SUBJECT: REV	APY RESTERAT	704 Avs, UC	
	/ Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing	
The chelosed rancies of re	menament and rec(s) are sub-	maca for ming.	
Please return all correspond	lence concerning this matter	to the following:	
	GARY	Marati Name of Person	
		Name of Person	
	0 -		
	READY K	PESTOVATION Pro'S Firm/Company	
		rim/Company	
	227 GAST	SHIPISTER PO	
		SHIPWEEK RU. Address	
	Santa Co.	SM REACL FC City/State and Zip Code t	32458
	MARTIN AI	o be used for future annual report of titure	A.L. COM
			,
For further information cor	cerning this matter, please ca	ill:	
Page May	10 L20	(S)(A) -3 C	2250
CARY MA	Person	at (<u>850</u>) <u>225-</u> Area Code Daytime 1	Telephone Number
•		·	•
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	\$60,00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
			(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations

TO:

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

	TOVATION	Aus, Cl	'ر ِ	_
(Name of the Limited Liab (A Flori	llity Company as It nov da Limited Liability Co	w appears on our reco mpany)	rds.)	•
The Articles of Organization for this Limited Liability Florida document number	Company were filed	d on 2-20	-2017 and	assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	nited liability com	pany here:		
The new name must be distinguishable and contain the words "Li	mited Liability Compar	ny," the designation "Ll	.C" or the abbreviation	"L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADL	ORESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		ress on our recor	SECKE IARY OF SHEET BY OR SHEE	of the new
	_	inter Florida street addı *	ess	
5	onthe Rexx	Boly J	Norida #3	7459

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.

City

If Changing Registored Agent, Signature of New Registered Agent

Zip Code

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** <u>Title</u> Name **Address** Bill MACBriDE MBR Water sound, \$7. 32413 ☐ Change □ Add ☐ Remove ☐ Change □ Add Remove Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change

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an eft ote:	tive date, if other than the date of filing:	il in k.) Pi	un te nt t	o 605.0207 e listed as
	cord specifies a delayed effective date, but not an effective time, at 12:01 a. 90th day after the record is filed.	m. on	the e	arlier of
The	5/18/2017 , 2017.			
The				
The	Signature of a member or authorized representative of a member Sany Martin Typed or printed name of signee			_

Page 3 of 3

Filing Fee: \$25.00