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SECRETARY OF STATE TALLS WHAS SEE, TLOSION

MAY 1 8 2017 S. YOUNG

COVER LETTER

PO: Registration Section Division of Corporations	
SUBJECT: THE CULTIVIERS OF CENTRAL FLORIDA Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
JANUE D. LAYLE Name of Person	
THE CLEANERS OF CENTRAL FLORIDA Firm/Company	
531 LAKE TRUCK BLYD F	SECORE
KISS/MMFF, FL. 3474/ City/State and Zip Code	CAHASSEE
E-mail address: (to be used for future annual report notification)	PH 3:
For further information concerning this matter, please call:	15
JANUE D. LAYLE at (407) 4/4-2032 Name of Person Area Code Daytime Telephone Number	·
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\Bigcup \text{\$(additional copy is enclosed)}\$\$\$ Certified Copy (additional copy is enclosed)\$\$\$ 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

<u>THE CLETIVERS</u> (Name of the Limited Liab (A Flori	OF OTNTRAL FLOKINA LAC. ility Company as it now appears on our records.) Ida Limited Liability Company)
	Company were filed on MARCH 6 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
The new name must be distinguishable and contain the words "Li Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 531 LAKE TNOH BLVD. APT. F KISS/MMFF, FL. 34741 54:
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	THE TREE TO SEE THE PERSON OF
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	بن بن istered office address on our records, enter the name of the news
Name of New Registered Agent:	
New Registered Office Address:	531 LAKE TIVOLI BLYD. F Enter Florida street address
	KISSIMMEE , Florida 34741 City Zip Code

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

	Authorized Member	A.1.4	T C A . 41-
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DOMINIK A. WHAYNE	531 LAKETIVOLI BLVD	Add
		531 LAKETIVON BLVD ADT. F KISSIMMEE, FI. 34741	□ Remove
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			□ Add
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an effect lote: If	date, if other than the date of filing:	05.0207 (3
e recoi The 9	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlith day after the record is filed.	lier of:
ated	MAY, 15 2017. Jalle	
	Signature of a member or authorized representative of a member JAMIE D. LAYLE	

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Filing Fee: \$25.00