# 117000055524

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer

Office Use Only



400300870314

06/29/17--01001--001 \*\*25.00



K. SALY JUN 28 2017

#### **COVER LETTER**

TO:	Registration Sector Division of Corp	cion orations		S. Supvet	- (((
SUBJI	ECT: CAY	Mpaign A	CCCCMT FOV	Stephens Everett	, (1)
The en	closed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please	return all correspon	dence concerning this matter	to the following:		
		Celier	Name of Person		
			AND COMPANY Firm/Company		
		_1882_cq	pital Circle	NE suite 162	
		tallahus Celiena E-mail address:	Ste FL 3234 City/State and Zip Code 3000 City/State and Zip Code to be used for future annual report notif	incition)	
For fur	rther information col	ncerning this matter, please co	all:		
(	Cellen4 Name of	Hav +.	at ( <u>386</u> ) 383 Area Code Daytime	S~2273 Telephone Number	
Enclos	ed is a check for the	following amount:			
□ \$2	5.00 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)	

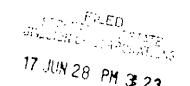
MAHLING ADDRESS:

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



(Same of the Limited Liability Company as it now appears on our records. The Articles of Organization for this Limited Liability Company were filed on  $\frac{03/03/2017}{1}$ Florida document number L17000055524 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) PO Box 283 Enter new mailing address, if applicable: Tallahassee, FL 32302 (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: Shannon Rosier Name of New Registered Agent: 1882 Capital Circle NE, Ste. 102

Enter Florida street address New Registered Office Address: Tallahassee Florida 32308

Circ 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.

H 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

### 17 JUN 28 PH 3 23

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Stephen Everett	PO Box 283	□ Add
		Tallahassee, FL 32302	□ Remove
			Change
			□ Remove
		<del></del>	Change
			Add
			□ Remove
			Change
		_	Add
			Remove
			Change
			Add
			□ Remove
		<del></del>	Change
<u></u>		_	
			□ Remove
			□ Chance

			· · · · · · · · · · · · · · · · · · ·	LEO CONTRACTOR
			4 **	1. W. W. W.
<del></del>				PH 3 23
	<del></del>	<del></del>		<del>-</del>
<u>-</u> .				
			· 1	<del></del>
			<del></del> ·	
				<u> </u>
		<u> </u>		
		<del></del>		
·				
fective date, if other than the date in effective date is listed, the date must bote: If the date inserted in this blocketment's effective date on the Dep	be specific and cannot be prior ck does not meet the applic	r to date of filing or more	(option: e than 90 days after fili requirements, this da	ng.) Pursuant to 605.02
	effective date, but no	ot an effective tir	ne, at 12:01 a.m	n. on the earlier
record specifies a delayed of the 90th day after the recor	rd is filed.			
The 90th day after the recor	rd is filed.			
record specifies a delayed of the 90th day after the record steed JUNE 26  Alephen Even	rd is filed.			

Page 3 of 3

Filing Fee: \$25.00