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2011 SEP 15 AM 10: 56

K. SALY SEP 18 2017

COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: Name of I	1d ATRIPIUSE of Tensaule, UC Limited Liability Configury
The enclosed Articles of Amendment and fee(s) are s	submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Maduji	Bragg
	Name of Person
7604	Brook Forest Drive
Pensac	Address value of 1825/4
	City/Statue and Zip Code 19593200000000000000000000000000000000000
For further information concerning this matter, please Name of Person	at (<u>SSU</u>) <u>58U 5485</u> Area Code Daytime Telephone Number
Enclosed is a check for the following amount: □ \$25.00 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)

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

ANI	ICLES OF OR	GANIZATION	7-
	OF		2011 SF4 - L
Moving Forwar	d Enterpla	rise of Pensacoth	
/ (Name of the Lim	ted Liability Company (A Florida Limited Lia	as it now appears on our record bility Company)	$\frac{d\mathbf{k}}{d\mathbf{k}}$
The Articles of Organization for this Limited L Florida document number <u>L1700</u> 00	iability Company w 158861	ere filed on $3/14/2$	2017 and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	f the limited liebili	ty commany hara-	
3. It amending name, enter the new name (Che minted nabin	ty company nere.	
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 appli	 cable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	BOX)		
		7	
B. If amending the registered agent and registered agent and/or the new registered of	or registered offic ffice address here:	ce address on our record	s, enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street addres	s
		, FI	orida
		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

_	from our records:	anage, enter the title, name, and address of each	h person being adde
MGR = M AMBR = At	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
Mgr.	Jumes E. Braga	7604 Brook forest Drive Densacola, Fl 32514 CHAIRLES L/DUNG 9/10/2017	□ ∕Add
		CHARles Young	Remove
		9/10/2017	Change
			Add
			☐ Remove
			Change
			Change Remôve
			Remôve T
			Change
			□ Remove
			Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			Change

If amending any	other information, ente	r change(s) here: (Attach additional sheets, if necessary.)
	omer mormanon, eme	change(synere: (mach additional sheets, if necessary.)
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		ling: 9/0//7 (optional)
(If an effective date is I	other than the date of fill listed, the date must be specific	and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)
document's effective	ve date on the Department of	t meet the applicable statutory filing requirements, this date will not be listed as the State's records.
he record specil The 90th day	fies a delayed effective after the record is file	e date, but mot an effective time, at 12:01 a.m. on the earlier of:
Dated		
(andy	Brass
	ARIZ	a member or authorized representative of a member
		Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00