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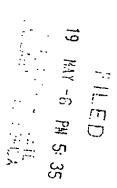
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Common Finery LLC Name of Limited Liability Ompany
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Amber Burgoon Name of Person
N/A Firm/Company
245 St. Johns Golf Drive
St. Augustine FL 32092 City/State and Zip Code
Common Fire y brutt que a grant. Com E-mail address: (to be used for future abrual report notification)
For further information concerning this matter, please call:
Amber Burgoon at (443) 801-3203 Name of Personi Area Code Daytime Telephone Number
Enciosed is a check for the following amount: S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, 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

(Name of the Limited Liability Company (A Florida Limited Lia	as it dow appears on our records.) (bility Company)	
The Articles of Organization for this Limited Liability Company w	ere filed on March 17	DDIT and assigned
Florida document number <u>L170006247.1</u>	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		_ 6
	25 25 34	
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		<u>े . अ</u> े . य
B. If amending the registered agent and/or registered office address here: Name of New Registered Agent:	ce address on our records, en	ter the name of the ne
New Registered Office Address:	Enter Florida street address	
<u></u>	, Florida	I
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a	erformance of my duties, and I a ovided for in Chapter 605, F.S.	ım familiar with and Or, if this document is

company has been notified in writing of this change.

·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 = Ma $AMBR = Aa$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Amber Burgoon	245 St Johns Golf Dr	□ Add
		245 St Johns Golf Dr St. Augustine FL 3209	Remove
			Change
			□ Add
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f ective date n effective da	e, if other thate is listed, the da	in the date of ate must be spec	of filing: cific and cam	not be prior	to date of fil	ing or more th		ptional) after filing.) Pursuant to 605.03
ote: If the da	ate inserted in fective date on	this block doc	es not meet	the applic	able statuto	ry filing req	uirements,	this date	will not be listed
cument s en	ective date on	the Departme	on of state	3 1000143	•				
record sp	ecifies a de	layed effec	tive date	, but no	t an effec	tive time	, at 12:0)1 a.m	on the earlier
The 90th	day after th	e record is	filed.						
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		Signatu	ire of a memi	ber or auth	orized repres	epolitive of a	nember		
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Page 3 of 3

Filing Fee: \$25.00