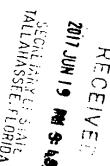
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(Requestor's Name)  (Address)	
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(Addless)	
(City/State/Zıp/Phone #)	1 2
PICK-UP WAIT MAIL	06/20/17~-010
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Heather & James	
Returne & my	IALL
Call "Xeather is Vo.	AHASSEE.
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N. CAUSSEAUX JUN 21 2017

## **COVER LETTER**

•			
TO: Registration S Division of Co			
SUBJECT: (	Captured By Hea	ther. ILC	
	Name of Lin	nited Liability Company	<del>-</del>
The enclosed Articles of	Amendment and fee(s) are suf	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	He	ather Handy	
		Name of Person	<del></del>
		Firm/Company	
	25	1 SW Irwing Glen	
		, - <b></b>	
		re City, FL 32024 City/State and Zip Code by heather Egnail.com	
For further information c	n-mail address: (	to be used for future annual report notifiall:	ication)
Heath Name o	er Handy f Person	at ( <u>386</u> ) <u>466-8</u> Area Code Daytime	147 Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	S30.00 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 OF

Captured By	, Heather, LLC	
(Name of the Limited Liability (A Florida I	Company as it now appears on our re limited Liability Company)	ecurds.)
The Articles of Organization for this Limited Liability Co	mpany were filed on3-24 -	-2017 and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
B. If amending the registered agent and/or registered agent and/or the new registered office addre	red office address on our reco ss here:	ords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
		Florida
	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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

Type of Action <u>Title</u> Name <u>Address</u> Remove \_ Change MGR Heather Handy 251 SW Irwing Glen XAdd Lake City FL 32024 Remove James T. Sheppord AMBR 251 SW Irwing Glen - Add Lake City FL 32024 Remove M Change \_U Add \_□ Remove \_\_\_\_\_ Change □ Add ☐ Remove \_\_\_\_\_ □ Change \_□ Remove

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<u> Yote:</u>	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	Healthy Llaw Signature of a member or authorized representative of a member
	11 00
	Healthy blow

Page 3 of 3

Filing Fee: \$25.00