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# **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:		ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Nayo	Name of Person	
	6	Byers Fence. Firm/Company	LLC
	39	Rosedown Blvc	<u> </u>
		City/State and Zip Code	
	E-mail address: (1	byers 1000 amag	1. com
For further information co	ncerning this matter, please ca	ıll:	
Name of	Person	at (386) 215- Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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 OF

Name of the Limited I			on our records.)		_
The Articles of Organization for this Limited Liabi Florida document number <u>L/760007C</u>		are filed on	3-28-17	and	l assigned
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	e limited liabilit	y company hero	2:		
The new name must be distinguishable and contain the words  Enter new principal offices address, if applicable		Company," the des	gnation "LLC" or the a	bbreviation	"L.L.C."
(Principal office address MUST BE A STREET A	(DDRESS)				17
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u>-</u> <u>-</u> -			SSEE TURILL	AP 20 M 5 P
B. If amending the registered agent and/or registered agent and/or the new registered office		e address on o	our records, <u>enter</u>	the nar	ne of the new
Name of New Registered Agent:	<u> </u>	Jayre	Byers		
New Registered Office Address:	39	Roseco Enter Florida	un Blud a street address		
_	DeRo	City	, Florida	327 Zip Ca	15 ode

### 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

Page 1 of 3

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 Title Name **Address Type of Action** AMBR Janice Byers 39 Rosedown Blud ☐ Add Remove ☐ Change 39 Rosedown Blud MAdd AMBR Wayne Byers DeBary FL Remove □ Change ☐ Add \_□ Remove Change ☐ Add ☐ Remove □ Change \_□ Add ☐ Remove

☐ Change

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Effective date, if other than t If an effective date is listed, the date r Note: If the date inserted in this	must be specific a block does not	and cannot be pri- t meet the appl	icable statut	ling or more tha	(option n 90 days after fi irements, this d	al)	605.020
document's effective date on the	: Department of	f State's record	ls.		•	•	
he record specifies a delay The 90th day after the r			ot an effe	ctive time,	at 12:01 a.r	n. on the e	arlier o
Dated April 17		., 2017	<u>.                                    </u>				
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Page 3 of 3

Filing Fee: \$25.00