# U700000333

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PICK-UP	☐ WAIT	s)  ate/Zip/Phone #)  WAIT MAIL  as Entity Name)  ent Number)  Certificates of Status	
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# **COVER LETTER**

TO:	Registration Section Division of Corporation	ş ş	
SUBJI	ECT:	Gators of unatilla, UC	
		Name of Limited Liability Company	
			-4
The en	closed Articles of Amendm	ent and fee(s) are submitted for filing.	
Please	return all correspondence c	oncerning this matter to the following:	
		Beau E. Palfeson	e e
	<del></del> -	Name of Person	•
		Firm/Company .	
		321 Cassady Street	•
		Address	
		umatill9, 12 32 184	17 SEC. 1
		City/State and Zip Code	号 产品
	<del></del>	Beau Pattes or 74egmail, Com E-mail address: (to be used for future annual report notification)	APR 19
For fur	ther information concerning	•	P FOR
	Bean Palles	m at 352, 246-6067	3: 26
	Name of Person	Area Code Daytime Telephone Number	
		•	
Enclose	ed is a check for the following	ng amount:	
\$25	5.00 Filing Fee  \$30	0.00 Filing Fee & \$55.00 Filing Fee & □ \$60.00 Filing F	ee,

Certified Copy

(additional copy is enclosed)

## MAILING ADDRESS:

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Certificate of Status & Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(sa	tors of	unatilla	ULC	,
(Name of the Limited L (A F	iability Company as li lorida Limited Liability	now appears on our re Company)	cords.)	<del></del>
The Articles of Organization for this Limited Liabil Florida document number		filed on <u>3/2</u>	8/17	_ and assigned
This amendment is submitted to amend the following	ıg:			
A. If amending name, enter the new name of the	limited liability co	ompany here:		
The new name must be distinguishable and contain the words  Enter new principal offices address, if applicable  (Principal office address MUST BE A STREET A	:	npany," the designation "	'LLC" or the abbre	viation "L.L.C."
Enter new mailing address, if applicable:				SECRET ALL'AH
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	, 		SON SON
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office a address here:	ddress on our rec	ords, <u>enter th</u>	PA COF STATE
Name of New Registered Agent:	BEAU	E. PAT	TESON AIR	J
New Registered Office Address:	Uma	Enter Florida street aa	idress , Florida	2784 Zio Code
	e.	~		

### 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, 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** Christing E Palleson □ Add Remove ☐ Change Christina L Palleson ☐ Add Remove Beau E Patteson □ Remov □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change

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record specif he 90th day	ies a delayed eff after the record	ective date, is filed.	but not a	n effectiv	e time, at	12:01 a.m	. on the ear	lier
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Page 3 of 3

Filing Fee: \$25.00