## L1700077579

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2017 SEP 25 PK 2: 05

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## **COVER LETTER**

TO: Registration Section Division of Corpor			•
SUBJECT:A	DL 92, LC Name of Limi	ited Liability Company	
The enclosed Articles of Am	endment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
	Angel	a Lantnip Name of Person	
	ADL	92, 11C Firm/Company	
	19216	Lake Sweetera	Dre
	Est	lis Fl 32	736
-	Overel	City/State and Zip Code  (a Countring of Job be used for future annual report port	n hoo can
For further information cone			
Angela Name of Pe	Lan Inip	at ( <u>.35)</u> 575 Area Code Daytim	e Telephone Number
Enclosed is a check for the fo	ollowing 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

. 10	•
ARTICLES OF ORGANIZ	ZATION LEFT
OF	2017 SED 2
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	ZATION  2017 SEP 25 PM 2: 05  ppears on our records.)  All Mark Strict Strict  pany)
The Articles of Organization for this Limited Liability Company were filed of Florida document number $\underline{L17000077579}$ .	on $4/6/17$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compar	ny here:
The new name must be distinguishable and contain the words "Limited Liability Company,"  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	the designation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	is on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
Ente	er Florida street uddress

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida \_\_

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 = Mar AMBR = Aut	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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an effective date is l	other than the da listed, the date must be nserted in this block	specific and	cannot be prio	r to date of filin	g or more than 90	(optional	g.) Pursuant to 605.	.0207
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Filing Fee: \$25.00