(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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FILING CANCELLED RETURNED CHECK

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COVER LETTER

	gistration Section vision of Corporations	, ·	
SUBJECT		FREIGHT ed Liability Company	, LLC
	ed Articles of Amendment and fee(s) are subm	<u>-</u>	FILING CANCELLE RETURNED CHEC
Please retur	n all correspondence concerning this matter to	the following:	
	Lynda	Raymond Name of Person	
	,	,	
		Firm/Company	
	100 N SH	tate Road 7	ste 103
	Margate,	FL 3306 City/State and Zip Code	3
	C-ladio	be used for future annual report ac	Imail com
For further	information concerning this matter, please call	7	in cuton,
<u>Lyr</u>	da Raymond Name of Person	at (<u>954</u>)	803-3690 me Telephone Number
Enclosed is	a check for the following amount:		
\$25.00	-	☐ \$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

FILING CANCELLED TO RETURNED CHECK OF ORGANIZATION

<u> </u>	BI MODING LL	<u>}</u>
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on or ida Limited Liability Company)	ir records.)
The Articles of Organization for this Limited Liability Florida document number 1770058 This amendment is submitted to amend the following:	4823	7 20 7 and assigned
_		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "LEnter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD		ion "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		Po
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	· ·	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	vet address
	···········	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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Type of Action** Address <u>Title</u> Name | □ Add FILING CANCELLED ☐ Remove RETURNED CHECK ☐ Change □ Add ☐ Remove ☐ Change □ Add Remove ☐'Change 7-, ₿PAdd ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change 🗆 Add ☐ Remove ☐ Change

Change address	
New * 100 N state Road Margate, Florida 3	7 Str 103
FILING CANCELLED RETURNED CHECK	
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ive date, if other than the date of filing:	ng requirements, this date will not be lis
October 30. 2017.	
Lundan	
Signature of a member of authorized representative	re of a member

Page 3 of 3

Filing Fee: \$25.00