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M. HARRIS

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: AFB Troducts L.L.C.  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
AFB Products  Firm/Company  16 Crolden Eggle Ct NW  Address  Luke Placid FL 33852  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
And they Betty at (863) 840 3103  Name of Person at (863) Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{S30.00 Filing Fee & Certificate of Status} \Bigcup \text{S55.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \Bigcup \text{S60.00 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

Maning - Sea Divi (Name of the Limited Liability Comp (A Florida Limited	ng Services L.L.C.  Disability Company)
The Articles of Organization for this Limited Liability Compan Florida document number	y were filed on $\frac{11-17-2017}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia  A F B PODUXTS L. L  The new name must be distinguishable and contain the words "Limited Liab	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he  Name of New Registered Agent:  New Registered Office Address:	Plucid  Plucid  Florida  Florida

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 = Aut	thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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		Lake Placid FL 33852	□ Remove
			Change
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Filing Fee: \$25.00