

L17000090640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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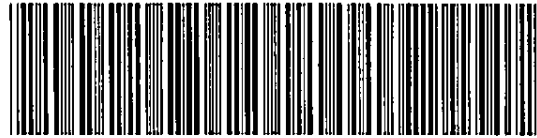
(Business Entity Name)

(Document Number)

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CLERK OF COURT
TALLAHASSEE, FL 32301

K. SALY
SEP - 5 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2017

MARIA ROSALVA MECA ABAD
P.O. BOX 691465
ORLANDO, FL 32869

SUBJECT: STARTUP EXPERIENCE LLC
Ref. Number: L17000090640

We have received your document for STARTUP EXPERIENCE LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 917A00017152

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

STARTUP EXPERIENCE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 4/24/2017 and assigned
Florida document number L1700090640.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

8001 COOL BREEZE DR UNIT 122

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO FL 32819

Enter new mailing address, if applicable:

PO BOX 691465

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO, FL 32869

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

MARIA ROSALVA MECA ABAD

New Registered Office Address:

8001 COOL BREEZE DR UNIT 122 ORLANDO FLORIDA 32819

Enter Florida street address

ORLANDO

Florida 32869

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	HETSLER, ROBERT G, JR.	10151 DEERWOOD PARK BLVD	<input type="checkbox"/> Add
		BUILDING 200 SUITE 250	<input checked="" type="checkbox"/> Remove
		JACKSONVILLE, FL 32256	<input type="checkbox"/> Change
MGR	MARIA ROSALVA MECA ABAD	8001 COOL BREEZE DR	<input checked="" type="checkbox"/> Add
		UNIT 122	<input type="checkbox"/> Remove
		ORLANDO, FL 32819	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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JACKSONVILLE, FL 32202

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated JULY 5, 2017

Signature of a member or authorized representative

ROBERT HETSLE JR.

Typed or printed name of signee