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COVER LETTER

TO: Registration Sec Division of Cor		¥	
SUBJECT: CO	Name of Lim	Ations DBA Two (ited Liability Company	Driginal Sout Sack Car
	Amendment and fee(s) are sub-	<u>-</u>	
Please return all correspon	ndence concerning this matter	to the following:	
	William M	NCM Person	
	Youthful In	Occasion IDBA	The Chymnal Scout San Comp
	1998 Trade	Address Address	MITY
	Naples Fr	34169 City/State and Zip Code	
	Kelsewas:	o be used for future annual report noti	fication)
For further information co	oncerning this matter, please ea	all:	
Anne Male	Person	at (<u>239</u>) <u>571 - 8</u> Area Code Daytim	728 e l'elephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy radditional copy is enclosed)	Sectificate of Status & Certificate Of Status & Certified Copy (additional copy is enclosed)
34 99 4.11		Day 1, 1, 1, 1	

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

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES OF C	ORGANIZATION
	OF Zojo.
(Name of the Limited Liability Comp (A Florida Limited	ORGANIZATION OF Any as it now appears on our records.) Liability Company (1) (2) (4) (4) (4) (5)
The Articles of Organization for this Limited Liability Company Florida document number <u>L170000943</u> 07	y were filed on \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited lial</u>	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	8171 wilshire Lakes Blod Naples, Fr 34109
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1998 Trade Center way Uni Naples Fr 34109
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: (L)\\C	m McAlear
New Registered Office Address: 8/7	1 Wilshine LAKES Blo

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

Maples Florida 34/05

1 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>	Address	Type of Action
MBR	William Maler	8171 wilshie kike's Blud. NEIP	FC 3410 163 9 000
		8171 wilshie kike's Blud. NEIP Timothy mulling 101655 m	arciface with
			🗆 Add
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Page 2 of 3

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	<u></u>
Note:	tive date, if other than the date of filing: (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuam to 605,0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the next's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	December 16 2019.
	Signature of a member or authorized representative of a member
	Mullician McAlaca Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00