47000103000

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
1
;
3.17.19

Office Use Only



700329211277

85/15/15- 01042- 010 **50.00

2019123 13 AH 8: 50

Mame Chg

MAY 28 2019 I ALBRITTON

COVER LETTER TO: Registration Section **Division of Corporations** The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: City/State and Zip Code lutions@ For further information concerning this matter, please call: Enclosed is a check for the following amount: **1** \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. □ \$25.00 Filing Fee

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certificate of Status & Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT

		10
ARTICLES	OF	ORGANIZATION
		OF

		OF			
T ct Na	me of the Limited Liability (A Florida		as it now appears on ou bility Company)	r records.)	
The Articles of Organization for t	his Limited Liability C	ompany w	ere filed on 5	09/201	and assigned
This amendment is submitted to a	mend the following:				
A. If amending name, enter the	new name of the limi	ted liabili	ty company here:		
The new name must be distinguishable and the new principal offices add (Principal office address MUST)	ress, if applicable:		UTIONS Company," the designati 2414 E Tampa 3	on "I.I.C" or the all E. Cay FI. 3.010	obreviation "L.L.C." UGA SI
Enter new mailing address, if a	pplicable:				
(Mailing address MAY BE A PO	ST OFFICE BOX)				· · · · · · · · · · · · · · · · · · ·
B. If amending the registered registered agent and/or the new Name of New Registered New Registered Office New Registered	registered office add		ce address on our	records, <u>enter</u>	the name of the no
ı			Enter Florida stre	et address	
			City	, Florida	Zip Code
New Registered Agent's Signature	, if changing Registere	d Agent:			
I hereby accept the appointment provisions of all statutes relative accept the obligations of my po- being filed to merely reflect a company has been notified in w	e to the proper and c sition as registered as hange in the registere	omplete p gent as pr	erformance of my du ovided for in Chapte	ities, and Lam r 605, F.S. Or,	familiar with and if this document is
		if Changi	ng Registered Agent, <u>Si</u> ç	znature of New R	egistered Agent

Page 1 of 3

	ng Authorized Person d from our records:	(s) authorized to man	age, enter the title, name, and address of each	person being adde
MGR = !	Manager Authorized Member			
<u>Title</u>	<u>Name</u>		Address	Type of Action
CEO	Michae	I.K. Coleman	24H E. ConjugaSt	
			Tampa, Fl.	Remove
	<u>;</u>		33610	Change
CFO	Michael	1 K.Colema	n 2414 E. Cayuga St	Add
			Tampa, Fl.	Remove
			<u>33410</u>	Change
CEO	Tasha N	1. Coleman	2414 E. Cayugust	Add
			Tampa, Fr.	Remove
	l		33010	Change
				_□ Add
				Remove
	I			Change
	 ;			□ Add
				_□ Remove
				_□ Change
				D Add
				_□ Remove
				_□ Change

If am	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
·	
,	
	'
	;
	!
r.cc.	ive date, if other than the date of filing: 51041209 (optional)
lf an cf	cetive 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
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as just a series of state 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
The	90th day after the record is filed.
D.4.4	SINKING 2019
Dated	
	Martal Calen
	Signature of a member or authorized representative of a member
	Michael K. Coleman
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00