LITOMINASS

(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

Office Use Only



000300338800

06/15/17--01021--013 ++25.00

2017 JUN 15 PH 1: 32

THE PERSON ASSESSED.

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Juliette I Townsend
Firm/Company
38521 Groveview Are
City/State and Zip Code Juli E. towns end grade (Fydho). Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Julie He Townsend at 352, 516-8298 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$ Certified Copy (additional copy is enclosed) \$\Bigcup \$ 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, FI, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Lishibit	MS LLC L	1700011048S	
(A Florida	Limited Liability Company)	<u>u. r.c.o.u.</u> ,	
The Articles of Organization for this Limited Liability C Florida document number <u>LIDOCOHO 485</u>	ompany were filed on5[a 	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ited liability company here:		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	RESS)		
Enter new mailing address, if applicable:		5 5 F	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		records, enter the name of the nev	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida str	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** Title Address Name AMBB Danny & Townsend Change Title Change mm Julie I Townsend DANG 🛮 💋 Remove ☐ Change ☐ Remove □ Remove _____ 🗀 Change A Comove SSEE FLORED □ Remove ☐ Change

_							
		<u></u>					
							
_			<u>.</u>				
-		·					
				_	·		
 .		 -					
-							
ective date, i	f other than th	e date of filing:				ional)	
effective date it	s listed, the date mu inserted in this b	ust be specific and c block does not me	annot be prior to	date of filing or mo	re than 90 days afte	r filing.) Pursuan is date will not	r to 605.020 be listed a
		Department of Sta					
	cifies a delaye y after the rea	ed effective da	ite, but not	an effective ti	me, at 12:01	a.m. on the	earlier o
ne 90th da	y after the rec	cora is filea.					
ted 6	12/17					_ ,	2
.eu <u> </u>	12-1-1-	· · ·	^	. •	Ĉ		
		adjetle	1)	Whole-	Lc)		<u>J</u>
		~~~ \ /\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u> بعلم المناسبة المن</u>	and concentration	of a member	<del></del>	
		Signature of a me	ember or authori	zeu representative (	., ., ., ., ., ., ., ., ., ., ., ., ., .	S2 5	<u> </u>
	7	Signature of a me	ember or authori	icins Ch	ī	SSE.	S

Page 3 of 3

Filing Fee: \$25.00