117000/11998

(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:





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J. LEGGETT MAY 3 0 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: FERE'S GENERA 16HW6 LLC Name of Limited Liability Company
, ' '
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
lene CAYO
Penes General 1841-118 LLC.
5938 BASI DKIVE
WRS, 7). 33415
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (40) 282 - 7575. 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 \$\text{Certificate of Status}\$\$\$ Certificate of Status \$\Bigcup \$\text{Certified Copy}\$\$ (additional copy is enclosed) \$\Bigcup \$\text{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

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love's General 164	fire. 17c.		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)		•
The Articles of Organization for this Limited Liability Company Florida document number 1700 11998	were filed on 5 22 14	and a	assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab			
	antenance LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation [*]	1L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	<u>နာ</u>
			<u> </u>
		in the	T# :
Enter new mailing address, if applicable:		Step 1	RE.
(Mailing address MAY BE A POST OFFICE BOX)			W.
			67
		' P	
B. If amending the registered agent and/or registered o	ffice address on our records, ento	er the nam	e of the nev
registered agent and/or the new registered office address her	<u>·e</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	Florida		
	City	Zip Cod	le

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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Did
			☐ Remove
		<u> </u>	☐ Change
			Remove
			Change
			Add
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		;;
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E. Effe	ective date, if other than the date of filing:	(optional)
	effective date is listed, the date must be specific and cannot be prior to date of filing or more the action of the date inserted in this block does not meet the applicable statutory filing required.	
doe	ument's effective date on the Department of State's records.	
	record specifies a delayed effective date, but not an effective time	, at 12:01 a.m. on the earlier
(b) [ne 90th day after the record is filed.	
	5 24 18 2018.	
Date	$\frac{1}{2}$	

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Filing Fee: \$25.00