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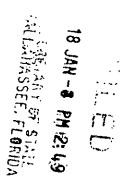
(Requestor's Name)		
(A.)	1.5	
(Ad	dress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



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COVER LETTER

_			
SUBJECT:	Tonuld CMW Name of Limi	LLC ited Liability Company	
Division of Corporations			
Please return all correspo	ondence concerning this matter	to the following:	
	Edna	A. Speece Name of Person	
		Firm/Company	
	4415 (arolwood Dr. Address	
	Melbourn	10, FL 32934 City/State and Zip Code	
For further information c		·	ication)
	-		245 Telephone Number
Α.	\$30.00 Filing Fee &	Certified Copy	Certificate of Status & Certified Copy

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 OF

(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)	 -
The Articles of Organization for this Limited Liability Comp Florida document number <u>/ / 7000//4424</u> .	/ /	_ and assigned
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 abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES:	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		18 JAN
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		-
Name of New Registered Agent:	en RIÜA	
New Registered Office Address:		
	Enter Florida street 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AP_	Edna A. Speece	2490 Aurora Rd Melbourne FL 329	
			Remove
			Change
			Add
			Remove
			Change
		 	□ Add
			Remove
			60 Ch
			Add
			Remove
		>	Change
			□ Remove
			Change
			Add
			□ Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necess	ary.)
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	JAN .
	SET .
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	0 _A
(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 the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	al) ing.) Pursuant to 605.0207 (3) ate will not be listed as the
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.n b) The 90th day after the record is filed.	n. on the earlier of:
Dated <u>Dec. 22nd</u> , 2017.	
Signature of a member or authorized representative of a member	
- Signature of a member or authorized representative of a member	
Amante trelse Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00