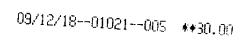
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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N. CAUSSEAUX SEP 2 0 2018

COVER LETTER

TO:	Registration Sec Division of Corp							
SUBJECT: Mane of Limited Liability Company								
The er	nclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.					
Please	return all correspor	ndence concerning this matter	to the following:					
		Н	Name of Person					
		Mac	Sw. LL (Firm/Company					
		1583	Scutze Bertwa D.					
		Ocned's	City/State and Zip Code					
		E-mail address; (i	to be used for future annual report notif	lication)				
For fu	rther information co	oncerning this matter, please co	ill:					
	Holes Name of	<u>Courtney</u> Person	at (737) 855 Area Code Daytime	-3837 e Telephone Number				
Enclos	sed is a check for th	e following amount:						
□ \$2	5.00 Filing Fee	数 \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & 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 OF

Minu F	Bar 110	(.		
(Name of the Limited Lia (A Flo	ibility Company orida Limited Lia	y as it now appears of ability Company)	n our records.)	S S
The Articles of Organization for this Limited Liabilit		vere filed on	-7-18	and assigned
This amendment is submitted to amend the following				and assigned
A. If amending name, enter the new name of the	limited liabili	ty company here:		
The new name must be distinguishable and contain the words "	Limited Liability	y Company," the desig	nation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>248</u>	Scotland St	
(Principal office address MUST BE A STREET AD	ODRESS)	Ounce.	, fc 34698	
Enter new mailing address, if applicable:		1583	Sarta Barta	isa De
(Mailing address MAY BE A POST OFFICE BOX)	ī	Dunevin	Scuta Barbs 11 34698	
B. If amending the registered agent and/or re registered agent and/or the new registered office a Name of New Registered Agent: New Registered Office Address:	iddress here:	M. Courtney		the name of the new
	Duned	<u>) </u>	Florida	34648
		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

Page 1 of 3

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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Holer Carthey	DURENTA, FL 34698	∕Add
		Duneura, FL 34698	☐ Remove
			Change
MGR	Creoky W. Courtney TI	720 Brawway anesty Fr. 34698	Add
		anery Fr. 34698	
			Change
			Add - C
			DRemove
			Change
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(If an effective Note: 1	ve date, if other than the date of filing:	[3)(:he
f the reco b) The 9	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.	
Dated _	Scrtm61- 7+h 2018	
	Signature of a member or authorized representative of a member	
	Typed or printed name of signée	

Page 3 of 3

Filing Fee: \$25.00