## 17000118965

(Requestor's Name)	
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)	
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## COVER LETTER

TO:	Registration Se Division of Corp		
	Aristocracy	.LLC	
SUBJE	CT:		nited Liability Company
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.
Please	return all correspo	ndence concerning this matter	to the following:
		Kevin Ally	
-			Name of Person
		Aristocracy, LLC	
			Firm/Company
		3227 Greenfield Ave	İ
			Address
		Orlando, FL. 32808	
		KevinAlly@Aristocracylle.	City/State and Zip Code .com
		E-mail address: (	to be used for atture annual report notification)
For furt	ther information co	oncerning this matter, please co	all:
Kevin .	Ally		407 591-1803
	Name of	Person	Area Code Daytime Telephone Number
Enclose	ed is a check for th	e following amount:	
<b>S</b> 25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
	Registra Divisio P.O. Bo	NG ADDRESS: ation Section n of Corporations ox 6327 ssee, 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

Aristocracy, LLC		
(Name of the Limited Liability Compa (A Florida Limited	ary as it now appears on our records.) Lability Company)	
The Articles of Organization for this Limited Liability Company Florida document number		ıed
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lty Company," the designation "LLC" or the abbreviation "L.L.C	·
Enter new principal offices address, if applicable:		₹.,
(Principal office address MUST BE A STREET ADDRESS)	8	
	7	LAHASSE
		38.
Enter new mailing address, if applicable:		2 170
(Mailing address MAY BE A POST OFFICE BOX)		• [];
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:		the new
	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 provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I further agree to comply performance of my duties, and I am familiar with a provided for in Chapter 605, F.S. Or, if this docume	ınd
If Cha	nging Registered Agent, Signature of New Registered Agent	_

MGR = . AMBR = .	Manager Authorized Member		
<u>Γitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Kaylia Rose		Add
		3227 Greenfield Ave. Orlando, FL:	■ Remove
MGR	Elliot King		D Add
		3227 Greenfield Ave. Orlando, FL:	Remove
			Change
			□ Add
			□ Remove
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			□ Remove
	<del></del>		D Add
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			Change
			Remove
			☐ Change

. If amending any other inform	nation, enter change(s) here:	Attach additional sheets, if necessary.)	
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	June 1, 2017		
Effective date, if other than the (If an effective date is listed, the date management in this document's effective date on the	ne date of filing:  ust be specific and cannot be prior to block does not meet the applicab	(optional) date of filing or more than 90 days after filing.) Pursuant to 6 le statutory filing requirements, this date will not be f	605.0207 (3) isted as the
the record specifies a delaye ) The 90th day after the re		an effective time, at 12:01 a.m. on the ear	rlier of:
January 22nd	2018		
Dated	N Ha	· }	
-	Signature of a the ober or author	To procentative of a mamber	
	Orginature of a fire poet of auditor	rea representative of a inclined	
Kévin Ally	T1		
	Typed or printed	name or signee	

Page 3 of 3
Filing Fee: \$25.00