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(Requ	uestor's Name)	
(Addr	ess)	
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(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	me)
(Doci	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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## **COVER LETTER**

subject: <u>JCC</u>	n M. Propert	1 L L C ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Maggalie	M BICINC Name of Person	
		Firm/Company	
	12326 89t	2 PL M Address	<del></del>
	West Acin	BEACH FL 33 City/State and Zip Code Ch C 43 & YCh C to be used for future annual report not	3412
	E-mail address: (1	to be used for future annual report not	ilication)
For further information of	concerning this matter, please ca	ali:	
MCICJCJCili Name o	E. M. BICINC.	at (564) 400 Area Code Daytin	) - 4771 ne Telephone Number
Enclosed is a check for t	he following amount:		
☑ \$25.00 Filing Fee	☐ \$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** 

TO:

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

	OF	,	7
Jecin M. Pri	DOCK TO LUC Limited Liability Company as it now appears on our (A Florida Limited Liability Company)	records.)	- <sup>1</sup> 5

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of the new

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.

f 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

Title	<u>Name</u>	Address	Type of Action
			Add
			Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			Add
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			Change

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ective date, if other than the date of filing:	(optional)
a effective date is listed, the date must be specific and cannot be prior to date of filing or more than 10 they date in verted in this blood days not most the applicable statutory. Cling range	an 90 days after filing.) Pursuant to 605.020
te: If the date inserted in this block does not meet the applicable statutory filing requeument's effective date on the Department of State's records.	attements, this date will not be fisted a:
record specifies a delayed effective date, but not an effective time,	at 12:01 a.m. on the earlier o
he 90th day after the record is filed.	
ed 8/29/18	
	Ö
> Margaly / Wartish	+ <b>4</b> (7)
Signature of a member of authorized representative of a n	1
Marcacolia NA Richard	<b>-</b>
Typed or printed name of signee	
Types of printed name of signer	ψ
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Filing Fee: \$25.00