117000 123 796

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



400337125774

11/21/19--01011--004 **80.00

RECEIVED NOV 20 2019

1.50 by 3:1

R. WHITE DEC 17 2019

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: AFD 15 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:
Timothy Klotz Name of Person
AFD 15 LLC Firm/Company
8537 93 AVENUE
Seminole FL 33777 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Timothy Klotz at (315) 543-33 // Name of Person at (305) Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\sigma\$ \$30.00 Filing Fee & \$\sigma\$ \$55.00 Filing Fee & \$\sigma\$ Certificate of Status \$\sigma\$ 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

AFD 15	LLC		2319:17:20 PH 3:10
(Name of the Limi	ited Liability Company as it (A Florida Limited Liability	now appears on our record Company)	<u>ls.</u>)
The Articles of Organization for this Limited L			and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name o	of the limited liability co	mpany here:	
	:		
The new name must be distinguishable and contain the	words "Limited Liability Com	pany," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)		
-			
B. If amending the registered agent and registered agent and/or the new registered o		ldress on our records	s, enter the name of the new
Name of New Registered Agent:	Timothy	Klotz	
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	Enter Florida street addres	5
		, Flo	orida
	Ciņ	,	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 = Ma AMBR = Au	nager thorized Member		
Title	Name	Address	Type of Action
MGR	JACQUELINE Klotz	11422 77 AVR	Add
		Seminole	Remove
		FL 33772	Change
MGR	Timothy Klotz	8537 93 AVE	Add
,		Semisole	\ □ Remove
		FL 33777	
			Remove
			Change
		; 	Remove
			Change
	<u> </u>		🗆 Add
			□ Remove
			Change
			Remove
			Change

:

Change of MANAGEN 40
Timothy Klotz
ADDRESS The same @
Resident AgenT
SUSSENTRA/ AVE
ST. Peters Burg FL 33707
E. Effective date, if other than the date of filing: (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.) Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of (b) The 90th day after the record is filed.
Dated Nov. 18, 2019.
Signature of a member or Othorized representative of a member
Typed or printed name of signee
15 ped of printer faint of signed

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00