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COVER LETTER

TO:

Registration Section

Division of Corporations	
SUBJECT: TACK DEAN FLOO Name of Limited Liabil	CING LLC lity Company
The enclosed Articles of Amendment and fee(s) are submitted for Please return all correspondence concerning this matter to the following the submitted for the submitted f	
	DEN W me of Person
JALK DEPA	FLOOTING LLC
5045 FraiTu	11USE RO - SUITE 157 Address
SALASOTRO City/St	FC 3423Z ate and Zip Gode
Trock 7880 1 E-mail address: (to be used	FANCE MAIL. Com for future annual report notification)
For further information concerning this matter, please call:	
DACK DERN a Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status C	5.00 Filing Fee & S60.00 Filing Fee. ertified Copy Certificate of Status & Certified Copy (additional copy is enclosed) 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

JAUK DEAN FLO	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>4 / 7000/4039</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.IC."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	1780 FOREST KD.
Mailing address MAY BE A POST OFFICE BOX)	VENICE FLORIOR 34293
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here seems of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: and agrorovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as the being filed to merely reflect a change in the registered office company has been notified in writing of this change.	Enter Florida street address Florida City Tip Code Tip Code The comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
	ı
If Cha	nging Registered Agent, Signature of New Registered Agent

If amendi or remove	ng Authorized Person(s) authorized to ed from our records:	manage, <u>enter the titl</u> 	e, name, and address of each person being added
MGR =			
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>13R</u>	DENNIA BAULER	·	
		1730 Form	FLOCIDE 34293
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		<u> l</u>	□ Add
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amending any other information, ente	r change(s) here: (Attach	additional sheets, if nec	essary.)
			
			
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			5,
ective date, if other than the date of fi	ling:	(optio	onal)
n effective date is listed, the date must be specific te: If the date inserted in this block does neument's effective date on the Department	ot meet the applicable statut	ory filing requirements, this	s date will not be listed as
cument's effective date on the 15epartment	of State's records.		
record specifies a delayed effective. The 90th day after the record is file		ective time, at 12:01 a	a.m. on the earlier of
The Sould day after the record is the	eu.		
ted 7.24-17			
		<u> </u>	
Signature o	a member or authorized repre	sentative of a member	
- /n/.	C DEAN Typed or printed name of		
	Typed or printed name of	signee	

Page 3 of 3

Filing Fee: \$25.00