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## COVER LETTER

	Registration Sec Division of Corp			
SUBJEC'		illiams, PLLC		
SUBJEC	1:		ited Liability Company	
The enclos	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please reti	urn all correspon	ndence concerning this matter	to the following:	
		Ryan Williams, Esq.		
			Name of Person	
		Leeds & Williams, PLLC	Name of Person  Firm/Company  Address  da 32082  City/State and Zip Code  (to be used for future annual report notification)  call: at (	
Firm/Company				
		105 Solana Road, Suite C		
			Address	<del></del>
		Ponte Vedra Beach, Florid	a 32082	
			City/State and Zip Code	<del></del>
	Ponte Vedra Beach, Florida 32082  City/Sta			
		E-mail address; (	to be used for future annual report noti	fication)
For furthe	r information co	oncerning this matter, please co	all:	
Ryan Wil	liams. Esq.		904 930-4100 at ( )	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed i	is a check for th	e following amount:		
\$25.00	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &

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

ly Company as it now appears on our record Limited Liability Company)	<u>(s.</u> )
ompany were filed on	and assigned
ited liability company here:	
ited Liability Company," the designation "LLC	T' or the abbreviation HL.C."
PESS)	E 3
	2: 01
tered office address on our record	s, enter the name of the new
Enter Florida street addres	<i>S.</i> 5
FI	orida Zip Code
- i	ted liability company here:  ited Liability Company," the designation "LLC  ESS)  tered office address on our record ress here:  Enter Florida streat address. Florida streat address.

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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Brian W. Leeds, P.A.	105 Solana Road, Suite C	
		Ponte Vedra Beach, Florida 32082	■ Remove
			☐ Change
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f an effec <u>Note:</u> - If	e date, if other than tive date is listed, the date the date inserted in thi at's effective date on the	must be specific ar is block does not	ng: nd cannot be prior meet the applic	to date of filing or nable statutory filir	nore than 90 days aft		
	rd specifies a dela Oth day after the			t an effective	time, at 12:01	a.m. on the e	arlier of
Dated D	ecember 15		2017				
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Typed or printed name of signee