L17000153954

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(Address)
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(City/State/Zip/Phone #)
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COVER LETTER

TO: Registration Section Division of Corporat	ions	··.	
SUBJECT: Ur	ned Ille		
	Name of Limit	ed Liability Company	
The enclosed Articles of Amen	dment and fee(s) are subir	nitted for filing.	
Please return all correspondence			
_	Kyle P	Name of Person	
_		Firm/Company	
	8 S.Dix	cie Hwy Address	
	Lahewo	City/State and Zip Code	
	E-mail address: (10	mta a markita wa be used for future annual report your	amail.com
For further information concern	ning this matter, please cal	П:	
Hyle Pri- Name of Perso	HCT	at (56) 598 (Y Area Code Daytime	Telephone Number
Enclosed is a check for the following	ówing 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 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

(<u>Name of the Limited Liability C</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number <u>L17000153954</u> .	pany were filed onand assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	I liability company here:
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES)	SS Lake Wurth, FT. 33460
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8 S. Dixie Hwy 55 Lake Worth, Fl. 33460
B. If amending the registered agent and/or registered agent and/or the new registered office address	ed office address on our records, <u>enter the name of the new</u> s here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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 = N $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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•	J	lake Worth Fl33460	🗆 Remove
			[2] Change
<u>vP</u>	Clint Thomas III	532 Lindell Blvd	Add
		Detray Brach, Fl. 3344	4 D Remove
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effective date, if other than the date of filing: 12 2 2 effective date is listed, the date must be specific and cannot be prior to e: If the date inserted in this block does not meet the applical ument's effective date on the Department of State's records.	o date of filing or more than 90 days after filing.) Pursuant to 605, ble statutory filing requirements, this date will not be liste
record specifies a delayed effective date, but not nee 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earlie
January, 1	
1/4/1	rized representative of a member

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Filing Fee: \$25.00