# L/7000155195

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K. SALY AUG 21 2017

# **COVER LETTER**

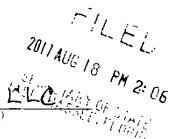
### MAILING ADDRESS:

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



The Articles of Organization for this Limited Liability Company were filed on  $\frac{7/20/2017}{4.17.000155195}$  and assigned

This amendment is submitted to amend the following:

A.	If amending	name, enter	the new	name of	the lir	mited l	iability	company	here:

The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	-	
B. If amending the registered agent and/or registered of	ffice address on our	records, enter the name of the new
registered agent and/or the new registered office address her		<u> </u>
	_	
Name of New Registered Agent:		
N D 1 1000 All		
New Registered Office Address:	Enter Florida stre	at authbros
	riner Fuoragi sire	et adurens
		, Florida
<del></del>	City	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

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
AMBR	DAWN Johnson-GRAY	323 SW Ridge Lane Stuan	JFL 34994
		<del></del>	Remove
			Change
		<u> </u>	🗆 Add
			□ Remove
			Change
		<del>.</del>	🗅 Add
			Remove
			20 Remove All Change Propose Remove Remove Remove
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<u>ote:</u> I	e date, if other than the date of filing:
	ard specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 00th day after the record is filed.
The 9	Aug 8, 2017.
The 9	Aug 8 . 2017.  Deck Man  Signature of a hember or authorized representative of a member

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Filing Fee: \$25.00