## 117000160035

(Requestor's Name)
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## **COVER LETTER**

	istration Se ision of Cor						
UBJECT:	PKPP Alph	a Epsilon LLC					
Name of Limited Liability Company							
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspo	ndence concerning this matter	to the following:				
		Benjamin B. Bush					
		·	Name of Person				
		Gardner, Bist, Bowden, Bu	ish, Dee, LaVia & Wright, P.A.				
			Firm/Company				
		1300 Thomaswood Drive					
			Address				
		Tallahassee, Florida 32308	3				
		·	City/State and Zip Code	<del></del>			
		ben@gbwlegal.com					
or further in	nformation co	n:-mail address: (	to be used for future annual report notifall:	ication)			
Benjamin B.			850 385-0070 at ()  Area Code Daytime				
	Name of	f Person	Area Code Daytime	Telephone Number			
Enclosed is a	check for th	ne following amount:					
■ \$25.00 F	iling 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 enclose			

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



PKPP Alpha Epsilon LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 07/26/2017	and assigned
Florida document number L17000160035		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	y Company," the designation	"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 off	ios address on our roa	sands anton the name of the non-
registered agent and/or the new registered office address here		ords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		_, Florida Zip Code
	Cuy	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of	performance of my dutie rovided for in Chapter 6	s, and I am familiar with and 605, F.S. Or, if this document is

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	Mark E. Timmes	2015 Ayrsley Town Blvd. Suite 20t	<b>=</b> Add
			□ Remove
			Change
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n effective date is listed, the date n te: If the date inserted in this	iust be specific and	cannot be prior to	date of filing or mo	re than 90 days after	filing.) Pursuant to 605.020
cument's effective date on the	Department of S	tate's records.	.e matany, mmg	requirement, time	not be liked t
record specifies a delay	ad affactive d	ato hut not	an effective ti	ma at 12:01 =	m on the earlier
The 90th day after the re		ate, but not	an enective th	ne, at 12.01 a	i.m. on the earner
ed August 31		2017			
1					

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee