L17000164565

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COVER LETTER

	egistration Se ivision of Cor		, •			
eun ucea		OKEECHOBEE ARMY SURPLUS LLC				
SUBJECT	:	Name of Lim	ited Liability Company			
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please retu	ırn all correspo	ndence concerning this matter	to the following:			
		JEFFREY A. FADLEY, E.	SQ.			
		-	Name of Person			
		JEFFREY A. FADLEY, P.	Α			
	180 NW 3RD AVENUE,, SUITE A					
			Address			
			City/State and Zip Code			
		williams.date13@yahoo.cor E-mail address: (n to be used for future annual report notifi	cation)		
For further	information co	oncerning this matter, please ca	all:			
Rosanna S	chachtele. FRI	(Paralegal for Jeffrey Fadley)				
	Name of	f Person	at () Area Code Daytime	Telephone Number		
Enclosed is	s a check for th	e following amount:				
) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Co Certified Copy (additional copy is malosed)		
R D P	lailing Address egistration S vivision of C .O. Box 632 allahassee, F	Section orporations 7	Street Address: Registration Sectorial Division of Corporate Centre of Ta 2415 N. Monroe Tallahassee, FL.	orations $\stackrel{\bullet}{\wp}$ Illahassee $\stackrel{\bullet}{\wp}$ Street, Suite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OKEECHOBEE ARMY SURPLUS LLC

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

(A Florida Limited Li	ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number L17000164565	vere filed on August 2, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the ab	previation "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 office ac agent and/or the new registered office address here:	idress on our records, enter the nam	e of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	City , Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	2	**
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	e to act in this capacity. I further agi performance of my duties, and I amb covided for in Chapter 605, F.S. Or	ce to comply with the amiliar with and if this document is litted liability
If Chang	ing Registered Agent, Signature of New Reg	istered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Helen Feldman	1906 SW 2nd Avenue	
		Okeechobee, Florida 34974	■Remove
			□ Change
MGR	Julian Dale Williams	1118 SW 9th Street	Add
		Okeechobee, Florida 34972	□Remove
			□Change
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ffective date, if other than the an effective date is listed, the date mus ote: If the date inserted in this blo	t be specific and cannot be prior	r to date of filing or more tha	n 90 days after filing:)	Pursuage to 605.0207
ocument's effective date on the De			irements, this tate	
				APR -
record specifies a delayed effective is filed.	e date, but not an effective t	ime, at 12:01 a.m. on the	carlier of: (b) The	90th Gay after the
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March 31	2021	·	- -	و. ج. 53
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Filing Fee: \$25.00