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COVER LETTER

Division of Cor			
941 Hartfor SUBJECT:	d 1.1.C		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspo	indence concerning this matter t	a the following:	
	Sonya L Laney		
		Name of Person	
	Sonya I, Lancy CPA PA		
		Firm/Company	
	5131 S Ridgwood Ave Ste	l;	
		Address	
	Port Orange, FL 32127		
	slancy@sonyalancy.com	City/State and Zip Code	
	E-mail address: ()	o be used for future annual report notif	ication)
For further information c	concerning this matter, please cr	all:	
Elliot Meadows		386 233-1111	
Name o	of Person	Area Code Daytinu	Telephone Number
Enclosed is a check for t	the following 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, Ft. 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 ()



2019 / 126 / 1110:51 941 Hartford LLC (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 _______ and assigned Florida document number 1,17000168070 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LEC" or the abbreviation "LEC" 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 address on our records, enter the name of the new registered agent and/or the new registered office address 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
mgr	Meadows, Elliot	6183 Secret Lake Dr	
		Port Orange, FL 32128	■ Remove
			Remove
			☐ Change
mgr	Elliot Meadows Certified Contractor LLC	6183 Secret Lake Dr	Add
		Port Orange, FL 32128	
			Remove
			Change
			D Add
			□ Remove
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			Change

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Signature of a member or authorized representative of a member		$\overline{}$					
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