## 117000175422

(Requesto	r's Name)	
(Address)		
(Address)		
(City/State	/Zip/Phone #)	
(Business	Entity Name)	
(Documen	t Number)	
ertified Copies	Certificates of	Status
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SECRETARY OF STATE

## **COVER LETTER**

ud træt.	Cathryn Bond-Fochesate	, LLC		
UBJECT:	Name of Lim	ited Liability Company	<u></u>	<del></del>
he enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.		
ease return all correspo	ondence concerning this matter	to the following:		
	Brian Mohr			
		Name of Person		
		Firm/Company		<del></del>
	2039 Bill Flagle Way			
	•	Address		
	Sevierville, TN 37876			
		City/State and Zip Code		<u>,                                      </u>
	Mohrman@nycap.rr.com  E-mail address: (	to be used for future annual	report notificati	on)
or further information o	oncerning this matter, please c		•	,
rian Mohr			)-4736	
Name o	f Person	Arca Code	Daytime Tel	ephone Number
nclosed is a check for the	he following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
			,	

MAILING ADDRESS:

Registration Section

**Division of Corporations** 

O:

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, FI. 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	esato, LLC
(Name of the Limited Liabili (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)
Articles of Organization for this Limited Liability C	Company were filed on 8/16/2017 and assigned
ida document number L17000175422	
amendment is submitted to amend the following:	
f amending name, <u>enter the new name of the lim</u>	ited liability company here:
new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
er new principal offices address, if applicable:	
ncipal office address MUST BE A STREET ADDI	RESS)
er new mailing address, if applicable:	
iling address MAY BE A POST OFFICE BOX)	
	i
<u>.</u>	
stered agent and/or the new registered office add	stered office address on our records, enter the name of the ne lress here:
	lress here:
Name of New Registered Agent:	
stered agent and/or the new registered office add	lress here:
Name of New Registered Agent:	Enter Florida street address
Name of New Registered Agent:	Enter Florida street address Florida
Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address  City
Name of New Registered Agent:  New Registered Office Address:  Registered Agent's Signature, if changing Registere	Enter Florida street address  City  City  A Code  City  City
Name of New Registered Agent:  New Registered Office Address:  Registered Agent's Signature, if changing Registered agent	Enter Florida street address  City  City  and agree to act in this capacity. I further agree to comply with the
Name of New Registered Agent:  New Registered Office Address:  Registered Agent's Signature, if changing Registered agent proper the appointment as registered agent positions of all statutes relative to the proper and continuous co	Enter Florida street address  Florida  City  and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and
Name of New Registered Agent:  New Registered Office Address:  Registered Agent's Signature, if changing Registered agent accept the appointment as registered agent visions of all statutes relative to the proper and capt the obligations of my position as registered agent ag filed to merely reflect a change in the registered agent ag filed to merely reflect a change in the registered agent the registered agent the registered agent accept the obligations of my position as registered agent agent the registered	Enter Florida street address  Florida  City  Address  Address  Florida  City  Address  Address  Address  Florida  City  Address
Name of New Registered Agent:  New Registered Office Address:  Registered Agent's Signature, if changing Registered reby accept the appointment as registered agent visions of all statutes relative to the proper and cept the obligations of my position as registered a	Enter Florida street address  Florida  City  Address  Address  Florida  City  Address  Address  And agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is sed office address, I hereby confirm that the limited liability

Page 1 of 3

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>	Name	<u>Address</u>	Type of Action
AMBR	Ginger R. Phillips	1839 Creek Hollow Way Sevierville, In 37876	<b>⊟</b> Add
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			D Change
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r offect <u>te:</u> If	date, if other than the date of filing:  (option ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the date inserted in this block does not meet the applicable statutory filing requirements, this this effective date on the Department of State's records.	filing.) Pursu	ant to 6 of be li	05.020 sted a
he 9	d specifies a delayed effective date, but not an effective time, at 12:01 a Oth day after the record is filed.	i.m. on th	e ear	lier o
ted	October 20 2017 Brian Fish			
	Brian Rich			
	Signature of a member or authorized representative of a member  Scian Mohr			

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Filing Fee: \$25.00