# X17000177544

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



100336446821

11/08/19--01006--025 \*\*25.00

19 NOV -8 M 7: 44
SECULTAN OF SIZE
ALL AHASSIF FLORIDA

DEC 09 2019 S. YOUNG

# **COVER LETTER**

Divisi	ion of Corpo	orations			
	C & C Photog				
SUBJECT		Name of Limit	ed Liability Company		
The enclosed A	Articles of Ar	nendment and fee(s) are subn	nitted for filing.		
Please return a	ll correspond	lence concerning this matter to	o the following:		
		Crystal Carter			
			Name of Person		
			Firm/Company		-
		3608 Live Oak Court			
			Address		•
		St. Augustine, Florida			
		ccstaugustine@gmail.com	City/State and Zip Code		•
		E-mail address: (to	be used for future annual repo	ort notification)	
For further inf	ormation con	cerning this matter, please ca	II:		
Crystal Carter			561 92902 at ()		
	Name of F	Person	Area Code I	Daytime Telephone Numbe	
Enclosed is a c	check for the	following amount:			
■ \$25.00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclose	d) Certified	te of Status &

MAILING ADDRESS:

TO:

**Registration Section** 

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

	<u> </u>
ity Company as it now appears on our records	
a Limned Liability Company)	三
08/21/2017	<b>57 7 7</b>
Company were filed on 08/21/2017	and assigned
	Flue D A T: 44
·	<b>E E</b>
	<u></u>
	85 2
ited lighility company here:	•
med habitry company nere.	
nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
B.C.C.L	
<u> </u>	
stared office address on our records	enter the name of the new
	, the the name of the ne
ness nere.	
Enter Florida street address	<u> </u>
August of the game of the action Col.	-
. Flo	orida
City	Zip Code
	stered office address on our records lress here:  Enter Florida street address., Flo

#### 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>	<u>Address</u>	Type of Action
	Devin Carter	3608 Live Oak Court St. Augustine, Florida 32086	
			■ Remove
			Change
			☐ Remove
			Change
			□ Remove
			Change
			Add
			Remove
			Change
			Remove
			Change
			□ Add
			Remove
			Change

	_
	<del></del>
	_
	<del>-</del> -
	_
	_
	_
	<u></u>
	_
	_
	_
	_
E. Effective date, if other than the date of filing:	05.0207 (3)(t sted as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the early). The 90th day after the record is filed.	lier of:
Dated November 19. 2019.	
Dated November 1st. 2019.	
Signature of a member or authorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00