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(Re	questor's Name)	
Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone #)	
		MAIL
(Bu	siness Entity Name)	
(Dc	cument Number)	
Certified Copies	_ Certificates of S	tatus
Special Instructions to	Filing Officer:	
	Office Use Only	



01/29/18--01025--024 **25.00





COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Hollis Enterprise II LLC Name of Limited Liability Company

The enclosed Articles of Amendment and feets) are submitted for tiling.

Please return all correspondence concerning this matter to the following:

SUSAN A. Holus Name of Person HOLLIS ENTERPRISE II Lic 594 Dolphin Ave S.F. ST PETERS burg, FLorioa 33705-4142 City State and Zip Code SUSAN HOLLIS OOI @ I CLOUD, Con E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at (<u>787</u>) <u>821 - 1213</u> Area Code Daytime Telephone Number > USAN Name of Person

Enclosed is a check for the following amount:

\$25.00 Filing Fee

S30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy tadditional copy (senelosed) \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2001 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF			
Hollis Enterprise 77 11C (Name of the Limited Liability Company) (A Florida Limited Liability Company)		-	
The Articles of Organization for this Limited Liability Company were filed on $August 22, 20$ Florida document number $Li 70001840489$	17 and	assign	ed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here:			
		100	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LI C" or the a	bbieviation	"L.L.C. 	
Enter new principal offices address, if applicable:		N	
(Principal office address MUST BE A STREET ADDRESS)	•	29	1.
		R	ē
	·	Ö	
Enter new mailing address, if applicable:	Č.		
(Mailing address MAY BE A POST OFFICE BOX)			

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ac	klress
	Curr	. 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. Thereby 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, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	SUSAN A. HOLLIS	594 Dolphin Ave SE STAGE FO 33705	€ .ād
			Remove
		. <u></u>	Change
AMBR	GLENN E HOLIS	594 Dolphini Ave SE ST PETE FL 3370	5 @-Tau
			Remove
			Change
			O Add
			🛛 Remove
			Change
			0 Add
			🗆 Remove
			🖸 Change
			O Add
		🗆 Remove	
			🗆 Change
			D Add
		_ 🖸 Remove	
			Change

.D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 1-24-2018 _____. . _____. Signature of a member or authorized representative of a member 505An A. Hullis

Page 3 of 3

Filing Fee: \$25.00