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J. HARRIS

COVER LETTER

SUBJECT: 50	soph Beck	d Liability Company	LLC
The enclosed Articles of a	Amendment and fee(s) are submi	itted for filing.	•
Please return all correspon	ndence concerning this matter to	the following:	
	Joseph T). Rock Name of Person	
	Joseph B	Bock Paintin	19 LLC
	1415 Octo	n Share Blud =	F1108
	Ormand B	2ach, F-L : City/State and Zip Code	32176
·	Joe Deda. E-mail address: (to	Daints@a	mail.com
For further information of	concerning this matter, please cal	li:)
DOSEPV	BRC/C Person	at (386) S(oS-7609 e Telephone Number
Enclosed is a check for t	the following amount:		
□ \$25.00 Filing Fee	S30.00 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:

TO:

Registration Section
Division of Corporations

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

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _______ Florida document number 👃 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 "LLC" or the abbreviation "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 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 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

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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

Title	Name	Address	Type of Action
MGR	South D. Bak	1415 ocen share Blue	O Add
	(#1108 Ornord Beach	□ Remove
		FL, 32176	Change
			D Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
• • •	
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	207 (3)(b) as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier (b) The 90th day after the record is filed.	of:
Dated 09 28 32017	
Signardre of a member or authorized representative of a member	2017 5
Typed or printed name of signee	13 m 23 F
Page 3 of 3	日 で 12 つ

Page 3 of 3

Filing Fee: \$25.00