# L17000 195497

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# **COVER LETTER**

TO: R	egistration Section ivision of Corporations	1	•
SUBJECT		Leterral Netwo	ork, LLC
The enclos	sed Articles of Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspondence concerning this matter	to the following:	
	Jawrence Gulf Coast 12928 Par 12928 Par E-mail address:	Name of Person  IVING Deferra  Firm/Jompany  Address  City/State and Zip Code  O Amay (a) On	S Network LLC
For further	r information concerning this matter, please ca		
Lai	WYLINCS (Unico) Name of Person	at (239) 229 Area Codo Daytin	-6333 ne Telephone Number
Enclosed is	s a check for 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, 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

Quit Coast Living (Name of the Limited Liability (A Florida	Y Company as it now appears on our records.) Limited Liability Company)	LLC
The Articles of Organization for this Limited Liability Co Florida document number <u>L17000195491</u>	ompany were filed on 9.20.17	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit  Out Oast Living Referr  The new hame must be distinguishable and contain the words "Limit	Network	e abbreviation "Lib.C."
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·	王
(Principal office address MUST BE A STREET ADDR	ESS)	
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		er the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
<del></del>	City	Zip Code

### 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 = Au	thorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Carla D. Konco	Address  12928 Palm Boh Blod  14 Myers, FL 33905	
		F4. Myers, FC 33905	Acmove
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			Remove

lf am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	- U - 4
	~
Effec	tive date, if other than the date of filing:
Note	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
Dated	d 12.1. J. 2017
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

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Filing Fee: \$25.00