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(Requestor's Name	e)
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PICK-UP WAIT	MAIL
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c : Subji	вст:/	COVELTY DANAC Name of Lir	E LEPAZR C	SKULP, LLC.	
		Name of Lir	nited Liability Company		
				1	
The en	iclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.		
Please	return all correspo	ondence concerning this matter	r to the following:		
		Dance	M. Se/	/wamo	_
			y Damage Firm/Company		
		68/2	W. Robinson Address	s Are	
		OK.la hema	City/State and Zip Code	73/11	
			ty 6 delluo		
For fur	ther information c	oncerning this matter, please of	•	·	
	Daniel 1	M. Delluono f Person	at (<u>405</u>)	921-6236	,
	Name o	f Person	Area Code	Daytime Telephone Num	ber
Enclos	ed is a eheck for th	ne following amount:			
2 \$ 2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc	Certif losed) Certif	Filing Fee, icate of Status & ied Copy onal 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 OF

Property Damage (Name of the Limited Liability Compa (A Florida Limited Liability)	Ropan	Group,	140	
(Name of the Limited Liability Compa (A Florida Limited I	i <mark>ny as it now appear</mark> Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L17 000 201800</u>	were filed on	9/29/201	27 and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company he	ere:		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the d	esignation "LLC" or t	he abbreviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
			<u> </u>	
			28	
Enter new mailing address, if applicable:			7.1.1.1	
			2	
(Mailing address MAY BE A POST OFFICE BOX)		1	्राष्ट्री ज	
		· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:	office address or re:	our récords, <u>er</u>	nter the name of the nev	
New Registered Office Address:	Enter Flo	Enter Florida street address		
	, Florida			
	City	, riorid	Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>			
I hereby accept the appointment as registered agent and ag		capacity. I furthe	er agree to comply with the	
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	e performance o	t my duties, and i	am jamutar wun ana	

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

	MGR = Ma $AMBR = Au$	nnager ithorized Member		
	<u>Title</u>	<u>Name</u>	Address	Type of Action
4	MBR	Greg Lorson	3606 Enterprise Arm	∠ Add
			MAPLES, FL 34104	Remove
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ective date, if other than the date of it effective date is listed, the date must be specified the state of t	filing:		filing) Pursuant to 60:
If the data incerted in this block does	HOT META WIT IN	y filing requirements, thi	s date will not be its
cument's effective date on the Departmen	it of State's records.		
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record specifies a delayed effecti The 90th day after the record is fi	ive date, but not an ence iled.	Gra cirra, as as	
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Signatur	e of a member or authorized repres	waste of a marine .	

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Filing Fee: \$25.00