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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: Spoke with Fred on 10/27 adding as Pres.

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COVER LETTER

Corporations		
ST Coast M Name of	PHAGEMENT L Limited Liability Company	LC.
apondence concerning this mai	tter to the following:	
FRED (Name of Person	JA
JACKSON	City/State and Zip Code	72/7
E-mail address:	(to be used for future annual some	
concerning this matter, please (call:	uncation)
		- 2566 ne Telephone Number
he following amount:		
☐ \$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
	Name of Name of Name of Name of Name of Soft Amendment and fee(s) are espondence concerning this mater. PRED GRAND TACKS on Formatil address: concerning this matter, please of Person 1 S30.00 Filing Fee & San Fee &	Name of Limited Liability Company s of Amendment and fee(s) are submitted for filing. Expondence concerning this matter to the following: FRED

MAILING ADDRESS:

Registration Section

t:

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

(Name of the Limi	ted Liability Compa (A Florida Limited	ny as it now appears on c	our records.)	 !
e Articles of Organization for this Limited L	iability Company	were filed on	10/2/2017 2	indiassigned T
rida document number <u>L 19600</u>				
s amendment is submitted to amend the foll-	owing:			6
If amending name, enter the new name o	~	ility company here:		王古
				ָרָאָ בּבּ
new name must be distinguishable and contain the w	vords "Limited Liabi		_	1
er new principal offices address, if applic	able:	422/ 1	Ay Me Alow S	RQ #
ncipal office address MUST BE A STREE	T ADDRESS)	-JACKSON	VIII. FLA	32217
er new mailing address, if applicable:		34706 1	YATHAWAY	20
iling address MAY BE A POST OFFICE	<u>BOX)</u>	CALLAGAR	YATKAWAY Y FIR.	32011
If amending the registered agent and/ stered agent and/or the new registered of	or registered of fice address here	fice address on our :	records, enter the n	ame of the new
Name of New Registered Agent:				
New Registered Office Address:	4221	BAYMED Enter Florida stre	DOWS RD	1
	Jacks	CN VIII	, Florida <u>F[A</u>	32217
Registered Agent's Signature, if changing R	egistered Agent:		•	
reby accept the appointment as registered visions of all statutes relative to the prope opt the obligations of my position as regis	r and complete i	performance of my di	ities, and Lam familia	ir with and

If Changing Registered Agent, Signature of New Registered Agent

g filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

pany has been notified in writing of this change.

r removed fr	com our records:	inage, enter the title, name, and address of each person being added
1GR = Mai MBR = Aut	nager horized Member	
itle	<u>Name</u>	Address Type of Action
e510141	FRED W. ELLISTA	34706 HARANNAG RD WAD
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fective date is listed,	r than the date of filithe date must be specific and in this block does not to on the Department of	nd cannot be prior to d	ate of filing or more that	(optional)	Pursuant to 605.0207 (3
nent's effective da	te on the Department of	State's records.	station y fitting requ	arements, this date	will not be listed as the
and specifies	a delayed effective r the record is filed	date, but not ar l.	effective time,	at 12:01 a.m. i	on the earlier of:
90th day afte					

Page 3 of 3

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