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## L17000 203949

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: **Registration Section Division of Corporations** L(° SUBJECT: Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

Davtime Telephone Number Area Code Name of Person

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee



S55.00 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 Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO ARTICLES OF OR OF <u>Name of the Limited Liability Company a</u> (A Florida Limited Liability Company wer locument number	$\frac{27}{1000} \frac{11152}{11000}$ $\frac{111000}{11000} \frac{111000}{11000}$ The filed on OCH 2, 2017 and assigned of 149
OF <u>(Name of the Linked Liability Company a</u> (A Florida Limited Liability Company wer locument number <u>L17</u> 0022.039	$\frac{27}{1000} \frac{11152}{11000}$ $\frac{111000}{11000} \frac{111000}{11000}$ The filed on OCH 2, 2017 and assigned of 149
$\frac{R}{(Name of the Limited Liability Company a (A Florida Limited Liability Company a (A Florida Limited Liability Company were locument number \_\_\_\_17$	The filed on $OCH2, 2017$ and assigned $149$
cles of Organization for this Limited Liability Company wer locument number $\underline{L17} \otimes \& 2 \otimes 39$	The filed on $OCH2, 2017$ and assigned $149$
rending name, <u>enter the new name of the limited liability</u>	company nere:
ame must be distinguishable and contain the words "Limited Liability C	ompany," the designation "LLC" or the abbreviation "LLC"
w principal offices address, if applicable:	
al office address MUST BE A STREET ADDRESS)	
_	
w mailing address, if applicable:	
address MAY BE A POST OFFICE BOX)	
ending the registered agent and/or registered office addr d/or the new registered office address here:	ess on our records, <u>enter the name of the new regis</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida Zıp 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. 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</u> being added or removed from our records:

## MGR = Manager AMBR = Authorized Member

· · · ·

Title	Name	Address	Type of Action
MGR	Shawn C. Muller	1 40305 Overlook Dr.	UAdd
		Eustis, FL 32736	
			□Change
AMBR	Jeremy R. Bell	15142 Wild Lime Lane	
		Winter Garden, FL	
		34787	Khange
			🗆 Add
			[]Remove
			🗆 Change
· ·			EAdd
			ERemove
			□Change
··			(]AJd
			🗍 Remove
			[] Change
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			[]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 March 2H, 2020	
Aulie (ato)	
Signature of a member or authorized representative pf a member	-
JULIE AKTKIP	
Typed or printed name of signee	

Filing Fee: \$25.00