L17000 707692

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

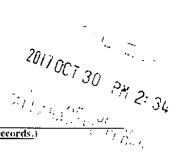
TO: Registration S Division of Co			
Tequesta 6 SUBJECT:			
	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Rudy M. Lefeld		
		Name of Person	
	Subway		
	•	Firm/Company	
	166 Sonata Dr		
		Address	
	Jupiter, FL 33478		
	rmlefeld@comeast.net	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cation)
For further information c	concerning this matter, please c	all;	
Rudy Lefeld		561 818-3548	
Name c	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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 OF



Tequesta 62625 LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company v. Florida document number $\frac{1.17000207692}{1.17000207692}$	/ere filed on	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ty company here:		
The new name must be distinguishable and contain the words "Limited Liabilit	Company," the designation "LLC	2" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
The state of the s			
	· · · · ·	<u></u>	
Enter new mailing address, if applicable:	.		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offi	ce address on our record	s, enter the name of the nev	
registered agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
ises registered office Address.	Enter Florida street addre:	555	
	, FI	oridaZip Code	
New Registered Agent's Signature, if changing Registered Agent:	WII,	rap code	
			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pa accept the obligations of my position as registered agent as pro-	rformance of my duties, a	nd I am familiar with and	

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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = M $AMBR = A$	Ianager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			□ Change
			Remove
			Change Pr
			Remove
			Change
			□ Remove
			☐ Change
			Add
			□ Remove
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Effective date, if other than the first an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	ne date of filing:	(optional) more than 90 days after filing.) Pursuant to 605.0207 ing requirements, this date will not be listed as
he record specifies a delay The 90th day after the re	ed effective date, but not an effective ecord is filed.	time, at 12:01 a.m. on the earlier of
October 25	2017	
Dated		
	16-7-16	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00