## L17000217564

(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	⇒ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

TO: Registration Section Division of Corpor			
SUBJECT: W.C.	Name of Limit	odeling & Service Liability Company	S, LLC
The enclosed Articles of Am	nendment and fee(s) are subn	nitted for filing.	
Please return all corresponde	ence concerning this matter to	o the following:	
	Nick	Name of Person	
		Firm/Company	
	15865 Mar	allo Circk Address	
	Naples, R.	City/State and Zip Code  City/State and Zip Code  Code 17 P g mgil	(Um
P Ch i-P			ation)
For further information conc	erming this matter, please cal	11.	
Name of Pe	U CO.	at <u>814</u> 897 30 Area Code Daytime T	velephone Number
Enclosed is a check for the t	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

N'CK Weber  (Name of the Limited)	Liability Company Florida Limited L	y as il now appears on ability Company)	our records.)	<u>-</u> _		
The Articles of Organization for this Limited Lia Florida document number <u>L17000</u> 217		were filed on10 -	20.17	an	d assig	zned
This amendment is submitted to amend the follow	wing:					
A. If amending name, enter the new name of t	the limited liabi	lity company here:				
Enter new principal offices address, if applica (Principal office address MUST BE A STREET						
Enter new mailing address, if applicable:					8	
(Mailing address MAY BE A POST OFFICE B	<u>80X)</u>			illia Si	SAZ +	<u> </u>
B. If amending the registered agent and/o	or registered of	fice address on ou	r records, <u>ente</u>	r-the n	aile c	of the new
registered agent and/or the new registered off  Name of New Registered Agent:	ice address here	ii Webar		SIAIE	2: 49	
New Registered Office Address:		Marcello Enter Floridas	Cloud treet address			
	No	Ols City	, Florida <sub>-</sub>	341 Zio	[O Code	

lew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ecept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ging filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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document's effective date on the Department of State's records.	20 E	61	
ne record specifies a delayed effective date, but not an effective time, at 12:01 a The 90th day after the record is filed.	.m. on th	ne ear	lier o
Dated 01- 02 . 2018 .			
Signature of a member or authorized representative of a member	<del>-</del> ,		
go-mo we member of management of a member			

Page 3 of 3

Filing Fee: \$25.00

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Page 3 of 3

Filing Fee: \$25.00