117000217832

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	-
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

JBJECT:	Name of Limit	ed Liability Company	
e enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
ease return all correspo	ondence concerning this matter to	o the following:	
	Jeffrey S., Carter		
		Name of Person	
	Fuqua, Milton & Carter, P.A	۸.	
		Firm Company	
	Post Office Box 1508		
	1.3.1.	Address	
	Marianna, Florida 32447		
		City/State and Zip Code	<u></u>
	E-mail address: (to	be used for future annual report notifi	ication)
r further information c	concerning this matter, please cal	II:	
ffrey S. Carter, Esq.		615 579-9595	
Name o	f Person	Area Code Daytime	Telephone Number
closed 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 tadditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

MAILING ADDRESS:

Registration Section

Division of Corporations

TO:

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

ADFS, LLC		
(Name of the Limited Liability C (A Florida Lia	Company as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on October 20, 2017	and assigned
lorida document number L17000217832		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited	l liability company here:	
N/A		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	e abbreviation "11C."
Enter new principal offices address, if applicable:	N/A	
Principal office address MUST BE <u>A STREET ADDRES</u>	SS)	
		10
nter new mailing address, if applicable:		O ;
•		14.
Mailing address MAY BE A POST OFFICE BOX)		
		CF.
If amending the registered agent and/or register egistered agent and/or the new registered office addres		ter the name of the i
Name of New Registered Agent: N/A		
New Registered Office Address:	Enter Florida street address	
	Enter Florida Street didiress	
	, Florida	
	Ciry	Zip 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, I hereby 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Vince Carter	855 Highway 277	
		Chipley, Florida 32428	■ Remove
			☐ Change
			□ Add
			Remove
			☐ Change
			□ Remove
			☐ Change
			□ Remove
			☐ Change
			Add
		 	Remove
			Change
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ctive date, ir other t effective date is listed, th	than the date of filir is date must be specific an	ng: nd cannot be prior	to date of filing or	more than 90 days	optional) after filing.) Pe	ursuant to	605.
: If the date inserted	in this block does not	meet the applica	ible statutory fili	ng requirements	, this date wi	ll not be	listo
ment's effective date	on the Department of	State's records.					
ecord specifies a	delayed effective	date, but not	an effective	time, at 12:	01 a.m. on	the ea	ırl <u>ie</u>
	the record is filed					-	=
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		2017					
d October 24	\wedge ,	2017					_
d October 24	-1-	,	 ·				C
d October 24	1. /42	,	<u></u> .				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00