# 117000218122

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# **COVER LETTER**

Division of Cor			
suвјест: <u>М</u> а	ddie & IZZU Name of Limb	LLC Liability Company	
	Amendment and fee(s) are subn	_	
Please return all correspo	ndence concerning this matter to	o the following:	
	Sarah	E. Smith Name of Person	
	Maddie	E & IZZY, L	L-C
	524 H	illcrest Ave.	
	Daven <u>maddie</u> E-mail address: (to	City/State and Zip Code	gmail. com
For further information co	oncerning this matter, please cal	II:	
Sarre o	ah E. Smith	at (478) 11 Area Code Daytin	8-5635 ne Telephone Number
Enclosed is a check for th  ☐ \$25.00 Filing Fee	ne following amount:   \$\Boxed{\Boxesia} \$30.00 \text{ Filing Fee &}	\$55.00 Filing Fee &	□ \$60.00 Filing Fee,
_ 523.00 i iiiig i cc	Certificate of Status	Certified Copy (additional copy is enclosed)	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

Nane of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our solity Company)	records.)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L 17000218122</u> .	vere filed on	20/17	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designatio	n "LLC" or the abbrev	viation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>		~
(Principal office address MUST BE A STREET ADDRESS)			
	23 1 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
			23
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office address here:		ecords, <u>enter the</u>	e name of the ne
Name of New Registered Agent:			· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:			
New Registered Office Address.	Enter Florida stree	t address	
		Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my dut ovided for in Chapter	ies, and I am fam 605, F.S. Or, if t	iliar with and his document is

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
MGR	Mary K. Woodward	899 Madison Lane	
	O	599 Madison Lane Forsyth, GA 31029	Remove
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			🗆 Add
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n effective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be prior to da  nete: If the date inserted in this block does not meet the applicable cument's effective date on the Department of State's records.	te of filing or more than 90 days a	<b>ptional)</b> after filing.) Pur this date will	suant to 6 not be li	05.0207 sted as
record specifies a delayed effective date, but not an The 90th day after the record is filed.	effective time, at 12:0	1 a.m. on	the ear	lier of
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