11000 223 275

(Ri	equestor's Name)	
(A)	ddress)	
(70	udiess)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D ₁	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration Section Division of Corp			
SUBJECT:	Florida Notory Name of Linki	CAME LLC ted Liability Company	<u> </u>
The enclosed Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please return all correspon-	dence concerning this matter t	o the following:	
	B Ker	INEth R. Tone. Name of Person	<u> </u>
	_	a Notary Cal	
		Jest SR 434	
	Longu	000d, FL 329	750
	Kens Tonev	City/State and Zip Code (City/State and Zip	0.1/11. CE 121
	neerning this matter, please ca		
KennêH1 Name of	R. Toney	at (904) 562 Area Code Daytime (907) 6136	- 841/ Telephone Number 3-650/
Enclosed is a check for the	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

Florida Notari	1 Online LLC	
	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co. Florida document number $\underline{L1700223276}$	ompany were filed on $(0/27/2)$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2011
(Principal office address MUST BE A STREET ADDRI	ESS)	704.61
		. 10
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		α
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		nter the name of the new
Name of New Registered Agent:	···	
New Registered Office Address:		
	Enter Florida street address	
	, Florid	Zip Code
	City	гір Соас

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Kenneth R. Toney	1120 Parmi Circle Late Mary, FL 32716	
	1	Lake Mary, FL 32716	Remove
			Change
			□ Remove
			Change
			Add
			□ Remove
			□ Change
			Add
			☐ Remove
			☐ Change
			Add
			Remove
		- -	Change
		 	□ Add
			□ Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing: \[\lambde{\text{LOYONDER} \] \] \[\lambde{\text{LOYONDER} \] \[\lambde
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 November 19 . 2019.
Signature of a member or authorized representative of a member
Renneth Ritoney Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00