117000237171

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(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
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FÍLÉO SECRETARY OF STATE TALLAHASSEE, FLORIDA



COVER LETTER

TO: Registration Se Division of Cor		. "		
SUBJECT:	TACK LOF Name of Lim	ited Liability Company	PADES, LL	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	JA	Name of Person	nn	
·	JACK	L OF Firm/Company	ALL TRM	DES_
	653	W Or	ean ave	
	Boyn	nton Be City/State and Zip C	Code 9.	3346
For further information c	E-mail address: (i	ļ	nual report notification)	
JACK Name o	Lunn	at (S) Area Code) 574-36 Daytime Telepho	ne Number
Enclosed is a check for th	e following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing F Certified Cop (additional copy	y	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registr Divisio P.O. Bo	ation Section n of Corporations ox 6327 ssee, FL 32314	Reg Divi Clif 266	SEET/COURIER ADD stration Section sion of Corporations on Building Executive Center Circ chassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mame of the Limited Liability Company a (A Florida Limited Liabi	TRADES, UC s it now appears on our records.)	
The Articles of Organization for this Limited Liability Company wer Florida document number 417000237171.	1 1	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
The new name must be distinguishable and contain the words "Limited Liability C	ompany," the designation "LLC" or the abbrevia	uion LLTALL
Enter new principal offices address, if applicable:		JA AR
(Principal office address MUST BE A STREET ADDRESS)		ASS S
_		EEFLO PRICE
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
_		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the	name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	D Code
New Registered Agent's Signature, if changing Registered Agent:	Chy Zh	o Code
	Larrage and a second	1 1.1 .1
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per- accept the obligations of my position as registered agent as prov- being filed to merely reflect a change in the registered office add	formance of my duties, and I am famili ided for in Chapter 605, F.S. Or, if thi	iar with and is document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending or removed	Authorized Person from our records:	(s) authorized to ma	nage, <u>enter t</u>	he title, name, and ad	dress of each	person being added
MGR = 'M AMBR = A	anager uthorized Member					
<u>Title</u>	Name		<u>Address</u>			Type of Action
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			Boyn	u Ocean ton Bch, 33446	F1.	🗆 Remove
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ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of fili e: If the date inserted in this block does not meet the applicable statutor	ng or more than 90 days after filing.) Pursuant to 605.0
ument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effec	tive time, at 12:01 a.m. on the earlie
he 90th day after the record is filed.	, =====================================
ed 1/4/ . 17 .	
Signatury of a member or authorized represe	Contailive of a member
	- Continued
JACK LPr	$\gamma \cap$

Page 3 of 3

Filing Fee: \$25.00