## 117000240765

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	÷ #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



800307204398

01/04/18--01007--012 \*\*55.00

18 나사 - 네 우런 7: 2일

**(**?)

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: No Umit Contraction Name of Limited Liability Company	CC
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:	
Andrew Sm.	b100
No Unit Contract Firm/Company	thogica
12462 Toucan	<u>C.</u>
City/state and Zip C  City/state and Zip C  Chdy LUS M Sch Cd  Fi-mail address: (to be used for future an	ma amul con
For further information concerning this matter, please call:	пиантероги постеднопу
Andrew Singson at 904 Name of Person at Que	Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee Sand Status S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy)	y Certificate of Status &
Registration Section Registration Section Registration of Corporations Division of Corporations P.O. Box 6327 Cliffor Tallahassee, FL 32314 2661	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle hassec, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

No Limit Contrac	tha i CC	
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) bility Company)	<del></del>
The Articles of Organization for this Limited Liability Company we Florida document number 1700040765	rere filed on 11/21/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		18
(Principal office address MUST BE A STREET ADDRESS)		至二
· ·		<u>c</u> (35)
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		28
_		(
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:  Name of New Registered Agent:	ce address on our records, <u>enter</u>	the name of the no
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	City , Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	****	inp rivac
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe	to act in this capacity. I further agr erformance of my duties, and I am fo	ee to comply with th imiliar with and

If Changing Registered Agent, Signature of New Registered Agent

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 amending or removed for	Authorized Person(s) authorized to rom our records:	manage, enter the title, name, and address	of each person being added
MGR = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
SEC.	Alysha Fl Supson	12462 Toucan Pr	
	V	Jackson Veg 123	0003 Remove
		!	☐ Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			□ Remove
			□ Change
			Add
			Remove
		1	Change
		!	Add
			☐ Remove
			Change

' If amending any other information, ent	er change(s) here: (A	ttach additional sheet.	s, if necessary.)	
	<u> </u>			-
·				-
	<del></del>			-
				_
				-
				_
			<del></del>	_
	<u> </u>			_
			<del>- =</del>	_ >
			! 	7.7.55 
	<u> </u>		PH	 [2] [2]
			7: 29	-
			4.2	-
				-
	1			-
	: 1- 1			•
Effective date, if other than the date of fill an effective date is listed, the date must be specific	iling: 1/2/20	of filing or more than 90 c	_ (optional)	£ 0207
Note: If the date inserted in this block does n document's effective date on the Department	ot meet the applicable st	atutory filing requireme	ents, this date will not be list	ed as
·	•			
he record specifies a delayed effectiv The 90th day after the record is file	re date, but not an e	ffective time, at 1	2:01 a.m. on the earli	er of
·	21 0			
Dated January 2	<u>810,6</u>			
Aerolico	of Simple			
	of a member of authorized of			
Andr.	ew R. Sing Typed or printed name	ON A		
	. speed or printed hand	or signed		
	Page 3 of	3		
	Filing Fee: \$2			