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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
,
PICK-UP WAIT MAIL
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(Business Entity Name)
(De March and March and
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: High	Name of Limi	ited Liability Company	
The enclosed Articles of /	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Allvin J	Name of Person	
		Firm/Company	
	1720 Laur	Address	
	Barton, F	City/State and Zip Code Mithau Grail. Com to be used for future annual report noti	fication)
For further information ec	oncerning this matter, please ca		
1-llu:n J.	Sm'th Person	at (<u>763</u>) <u>51 7-0</u> Area Code Daytim	Ne 7 6 e Telephone Number
Enclosed is a check for th	e 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	<u>s:</u>	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited L.	y as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number 1700 24338	•	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ty Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1720 Laurel St Barton, F1 35830	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name	of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	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
MGR	Alvin B Smith Ir.	1770 Lawel St.	ZAdd
		1770 Lawel St. Barton, F1 33830	⊟Remove
			Change
			🗆 Add
			□ Remove
		 	□ Change
			□Add
			□Remove
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lf an eft <u>Note:</u>	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	November 76 . 2019.
	Signature of a member or authorized representative of a member