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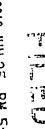


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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Mayley FL 103 LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Janet L. Marley
Janet C. Lagerström, PA
P.O. Box 280
Jensen Beach, FL 34958 City/State and Zip Code
JCLPA 1 @ ComeAST. NET / E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Janet L. Marley at 772, 334-3772  Name of Person at 772, Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee \$\ S30.00 Filing Fee & Certificate of Status \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

### MAILING ADDRESS:

TO:

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

Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L17000243650}{L17000243650}$	were filed on $11/28/20$	17 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del>.,, -,,</del> -
(Principal office address MUST BE A STREET ADDRESS)		19 19
		ν ου (mm)
Enter new mailing address, if applicable:		2 11
(Mailing address MAY BE A POST OFFICE BOX)		· ·
		<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	City	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

□ Change AMBR Jack A. Marley, Trustee ∑**X**(∧dd □ 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 neces	sary.)
	· · · · · · · · · · · · · · · · · · ·
	<del></del>
E. Effective date, if other than the date of filing:	al) ing.) Pursuant to 605.0207 (3)( ate will not be listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.r (b) The 90th day after the record is filed.	n. on the earlier of:
Dated June 19 2019.	
Dated June 9 2019.  Lief A May Trustee  Signature of a member or authorized representative of a member	
Jack A. Mayley Trustee	
Typed of printen name of signer	

Page 3 of 3

Filing Fee: \$25.00