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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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COVER LETTER

TO:	Registration Sec Division of Corp			
eum ir	6215 Foster,			
SUBJE	CCT:	Name of Limi	ted Liability Company	
The end	closed Articles of A	Amendment and fee(s) are subt	nitted for filing.	
Please	return all correspor	ndence concerning this matter t	to the following:	
		Lewis Mustard		
			Name of Person	
		6215 Foster, LLC		_
			Firm/Company	
		303 S Melville Avenue		
			Address	
		Tampa, FL 33606		
			City/State and Zip Code	
		lewis.mustard@gmail.com		Constitution (Constitution)
For fur	ther information e	h-mail address: (i oncerning this matter, please co	to be used for future annual report noti	ncauon)
	Mustard		813 734-5777	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclos	sed is a check for th	ne following amount:		
■ \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec. Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 passee, FL 32314	STREET/COUR! Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it	
(A Florida Limited Liability	it now appears on our records.) y Company)
The Articles of Organization for this Limited Liability Company were for a document number L17000244900	filed on 11/29/2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	ompany here:
he new name must be distinguishable and contain the words "Limited Liability Con	mpany," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	3: Os
3. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here:	address on our records, enter the name of the n
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
C	Cuy Zip Code

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	Verna Bartlett	303 S Melville Avenue, Tampa, FL	≅ Add
			Remove
			Change
MGR	Lewis Mustard	303 S Melville Avenie, Tampa, FL	Add
			Remove
			Change
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	s listed, the date must inserted in this bloom				more than 90 day ing requiremen	s atter filing.) Pu s, this date wil	rsuant to 605.020 I not be listed a
ocument's effec	tive date on the Dep	partment of Stat	e's records.	·			
The 90th da	cifies a delayed y after the reco	rd is filed.				:01 a.m. on	the earlier o
12/18			2017	,1	11/1		
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				de	Wiki I.H.		

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Typed or printed name of signee

Filing Fee: \$25.00