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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: <u>CeCiable Lieu Berry Ox Land SCAPE SULV FISAS</u> (LC 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:
Alex Tickysn Name of Person
Firm/Company
6545 NW DANNY KACK RO Bristol CC
Rri Hol FL 32321 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alex TACK 3N at (\$50) 443-5286 Name of Person at (\$50) 443-5286 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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 Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability	v Company were filed on	and assigned
Florida document number <u>[17000]</u>	485.70	
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the learning of the	A De Siconi, ONS Limited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office:	egistered office address on our rec	ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Regis	tered Agent:	
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper at accept the obligations of my position as registere being filed to merely reflect a change in the registere	nd complete performance of my dutie ed agent as provided for in Chapter 6 stered office address, I hereby confir	s, and I am familiar with and 605, F.S. Or, if this document is

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:

$MGR = N$ $AMBR = \emptyset$	Authorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	Alex JACK)=N	6545 NW DANNY	BFAdd
		6545 NW BANNY BACKRO Brishol FL	Remove
		32321	Change
			Add
			Remove
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fan ef Note <u>:</u>	tive date, if other than the date of filing:	5.0207 (3)(b) ted as the
The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies 90th day after the record is filed.	ier of:
	Colley January of a member or authorized representative of a member	
Dated	. 1	
Dated	ale hi	

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Filing Fee: \$25.00