## L17000253558

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone #	<u>(</u> )
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filma Officer:	<del>"</del> 7
Special instructions to	Filling Officer	
:		:

Office Use Only



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FILED

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SECTION OF STATE
SATISFASSEE, FLORIDA

S. WARREN DEC 21 2017

## **COVER LETTER**

TO: Registration Sec Division of Corp		·	
SUBJECT: Micha	ael Oilawa Ry Name of Limi	easty LLC ited Liability Company	<del></del>
The enclosed Articles of /	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Michael	Name of Person	
	Michael Di	Paula Featty L	LC
	5060 Ha	rble Egret Dr S	<del></del>
	Jacksonvi	City/State and Zip Code	
	E-mail address: (1	to be used for future annual report notif	ication)
For further information co	ncerning this matter, please ca		
Michael Did Name of	Person	at (352) 50d-, Area Code Daytime	3832 Telephone Number
Enclosed is a check for the	e following amount:		
S25.00 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:

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**

Michael Dipaula	Leasty LLC	
( <u>Name of the Limited Liah</u> (A Flor	ility Company is it now appears or ida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number <u>LITDDD2535</u>	Company were filed on 12/	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L		nation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
registered agent and/or the new registered office ad  Name of New Registered Agent:	ldress herę:	
New Registered Office Address:		
•	Enter Florida	street address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Register	•	гар чине
I hereby accept the appointment as registered ager provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	nt and agree to act in this cap complete performance of my agent as provided for in Cha red office address, I hereby c	duties, and I am familiar with and pter 605, F.S. Or, if this document is
	If Changing Registered Agent	Signature of New Registered Agent
	Page 1 of 3	

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
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			□ Remove
			Change
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m effective date is liste		rific and cannot be prior to da		<b>_ (optional)</b> ays after filing.) Pursuant to 605.020
		s not meet the applicable ent of State's records.	statutory filing requireme	nts, this date will not be listed a
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Page 3 of 3

Filing Fee: \$25.00