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PICK-UP	☐ WAIT	MAIL 1	
(В	usiness Entity Name)		_
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Certified Copies	Certificates of	Status	_
Special Instructions to	Filing Officer:		

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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RECEIVED
JAN - 8 2018

TO: **Registration Section Division of Corporations** 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: City/State and Z E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Daytime Telephone Number Name of Person 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 Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 266 Executive Center Circle Tallahassee, FL 32301

COVER LETTER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mighty Polos Oc	appies LIC
(Name of the Limited Liability Compan (A Florida Limited L	vas it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L17b00258885</u> . This amendment is submitted to amend the following: AH	vere filed on <u>Dec</u> 26, 2017 and assigned
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabili	y Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	Fo
(Principal office address MUST BE A STREET ADDRESS)	8 LEC → R
· ·	HAZEL SOFT
	SE E CO
Enter new mailing address, if applicable:	PH EFF
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	~ • • • • • • • • • • • • • • • • • • •
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:	ice address on our records, <u>enter the name of the new</u>
New Registered Office Address:	Enter Florida street address
· · · · · · · · · · · · · · · · · · ·	City , Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pabeing filed to merely reflect a change in the registered office of company has been notified in writing of this change.	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is iddress, I hereby confirm that the limited liability
If Change	ing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter or removed from our records:			the title, name, and address of each person being added				
$MGR = M$ $AMBR \doteq A$	anager uthorized Member	ı					
<u>Title</u>	<u>Name</u>	Addre	SS Type of Action				
MGR	David MacLean	536	Cleason Drive MAdd				
		Alta	marte Spring S, FL 32712 - Remove				
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	specifies a h day after			late, bu	ıt not an ef	fective tin	ne, at 12:0	1 a.m. on	the earl	lier
ited	Januar	y 4		20	18	A				
_		Sign	ature of a	member o	r _j authorized rep	resentative of	a member			

Page 3 of 3

Filing Fee: \$25.00