117000259797

(Req	uestor's Name)	
bbA)	ress)	
(Add	ress)	
(City,	/State/Zip/Phon	e #)
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SECRETARY OF STATE TALLAHASSEE. I'L ORIDA

COVER LETTER

Div	rision of Corp	oorations		
CHD IECT.	GSRC GRO			
SUBJECT		Name of Limit	ted Liability Company	
The enclosed	d Articles of a	Amendment and fee(s) are subn	nitted for filing,	
Please return	i all correspor	ndence concerning this matter t	o the following:	
		ROSS OPPENHEIMER		
			Name of Person	
		NEWMAN SELAND & OF	PPENHEIMER LLC	
Firm/Company				
		707 E COLONIAL DRIVE		
		,	Address	····
		ORLANDO FL 32803		
			City/State and Zip Code	
		runningham7@att.net		
		E-mail address: (to	o be used for future annual report n	otification)
For further in	nformation co	oncerning this matter, please ca	11:	
ROSS OPPI	ENHEIMER		407 228-0700	
	Name of	Person	at () Area Code Days	ime Telephone Number
Enclosed is a	a check for th	e following amount:		
■ \$25.00 F	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:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

. 1.170007.59797	and assigned
Florida document number L17000259797	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	JA
	- 22
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	F
	

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	ANH LUU	707 E COLONIAL DRIVE	□ Add
		ORLANDO FL 32803	■ Remove
			Change
MGR	GEORGE CUNNINGHAM	3321 WERBER STREET	= Add
		ORLANDO FL 32806	Remove
			Change
			Add
			□ Remove
			Change
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lf an el Note:	five date, if other than the date of filing:	05,0207 (3)(t sted as the
ne re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earle 90th day after the record is filed.	lier of:
Dated	1-12-18 Denge Cunt	
	Dente and	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00