## L17000260420

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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

## COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Paula Fai	Ion the	
Sobject.		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Panta	Fallon	
		Name of Person	
		Firm/Company	<del></del>
		·	
	648 Cas	a Fuerta Lan	é
		Address	
	, ,		
	St. Augu	Stine, FL 3208 City/State and Zip Code	0
	_	1	
	Famail address:	to be used for future appual report	Network Beatty, composition
			,
For further information c	oncerning this matter, please of	all:	
$\mathcal{D}$		6	) <del>-                                   </del>
<u>raula F</u>	CULO n f Person		37 - 1,177 ovtime Telephone Number
,			• *****
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	
			(additional copy is enclosed)
MAIL	ING ADDRESS:	STREET/CO	URIER ADDRESS:
	ation Section	Registration S	ection
	on of Corporations ox 6327	Division of Co Clifton Buildir	
	assee, FL 32314	2661 Executiv	e Center Circle
		Tallahass <del>ed</del> , F	L 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Paula Fallon LLC				
(Name of the Limited Liability Company of (A Florida Limited Liab	is it now appe ility Company	ars on our records.)	· · · · ·	
The Articles of Organization for this Limited Liability Company we Florida document number <u> </u>	re filed on _	1-1-18	and assign	ed
riorida document number <u>LITUULLG0420</u> .				
This amendment is submitted to amend the following:	1			
A. If amending name, enter the new name of the limited liability	v company	<u>here</u> :		
The new name must be distinguishable and contain the words "Limited Liability (	Company!" the	: designation "LLC" or	the abbreviation "L.L.C	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			<del></del>	<del>&gt;</del> <del>≤</del>
-			<del></del>	호
			=	¥ZZ~
Enter new mailing address, if applicable:		<del></del>		STA
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	
_				
		_	•	0. E
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address (	on our records, <u>e</u>	enter the name of	the new
Name of New Registered Agent:				
New Registered Office Address:				
New Registered Office Address.	Enter F	lorida street address		
	1	, Florid	da	
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	Ì			
I hereby accept the appointment as registered agent and agree a provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office ad company has been notified in writing of this change.	rformance wided for in	of my duties, and I Chapter 605, F.S	I am familiar with a S. Or, if this docum	ind
If Changir	ng Registered	Agent, Signature of N	lew Registered Agent	

Page 1 of 3

or removed MGR = M	from our records:		
	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
Mgr	Paula Fallon	648 Casa Fuerta La St. Augustine, Fl 32	<u>ne</u>
		- Augustine, 10 32	□ Remove
			Change
	<del></del>		Add
			□ Remove
			Remove
			Change
			Remove
			Change
		Add	
			Remove
			Change
			☐ Remove
		Change	

. If amending any other information, enter change(s) here: (/	Attach additional sheets, if necessary.)
	Ì
	18 J
	JAN AH
	SSE SSE
	2: COR
	<b>10</b> A
	1
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date	(optional)
Note: If the date inserted in this block does not meet the applicable	statutory filing requirements, this date will not be listed as the
document's effective date on the Department of State's records.	
the record specifies a delayed effective date, but not as ). The 90th day after the record is filed.	n effective time, at 12:01 a.m. on the earlier of:
Dated January 17 . 2018.	1
Couls Follow	1
Signature of a member or authorize	d representative of a member
B 1. F.	
Paula Failon Typed or printed no	une of signee

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Filing Fee: \$25.00