117000262652

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100310875201

03/26/18--01034--013 **85.00

2016 APR 10 AM 8: 44
SECRETARY OF STATE
SECRETARY OF STATE

M. MILLIGAN APR 1 0 2018

COVER LETTER

TO: Registration Sec Division of Corp					
SUBJECT:	losa Mon				
	Name of Lim	ited Liability Company			
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
	LOGA	N SCHMIT	T		
		Name of Person	, , ,		
Firm/Company					
	1823 Rid	le Favige R	<u> </u>		
		Address			
	Mt. Pleas	ant, SC 3	19464		
	E-mail address: (City/State and Zip Code Schmitt (9 Mc to be used for future annual report no	19464 sa Monthly. com		
For further information co	ncerning this matter, please ca		•		
Logan Sa	hmitt	at (864) 370 Area Code Dayti	2-9859		
() Name of	rerson	Area Code Dayu	me Tetephone Number		
Enclosed is a check for the	following amount:				
□ \$25.00 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		

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

Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on Florida document number 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 abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

New Registered Agent's Signature, if changing Registered Agent:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida

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 Title Address Name Type of Action Logan Schmitt □ Add AMBR Tobiah Spurlock 1823 Rifle Range Bd Mt Precisent Dadd ☐ Remove ☐ Change _□ Add ☐ Remove _□ Change ☐ Remove _□ Change ☐ Add □ Remove ☐ Change ☐ Add ☐ Remove __
□ Change

If amending any other information, enter change(s) here: (Attach additional sheets, if neces.	sary.)		
			-
			_
			-
			_
			-
			-
			-
	 -		-
			-
			_
		-	-
			_
· · ·			_
			_
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 of filing or more than 90 days after find the date inserted in this block does not meet the applicable statutory filing requirements, this of document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 and the record specifies and delayed effective date, but not an effective time, at 12:01 and the record specifies and delayed effective date, but not an effective time, at 12:01 and the record specifies and delayed effective date, but not an effective time, at 12:01 and the record specifies and delayed effective date, but not an effective time, at 12:01 and the record specifies and cannot be prior to date of filing or more than 90 days after files.	date will no	t be lis	ted as the
The 90th day after the record is filed. $(7 / 20)$ At $(3 / 20)$ At $(3 / 20)$ At $(3 / 20)$			
Dated (3/20) Maich 20th 20th 2018	73° a.	<u>~</u>	
Signature of a member of a member	— 7. 65	SIS APR	-1
LOGAN SCHMTTT	TARY	0	MILE D
Typed or printed name of signee	FLO FLO	₩ 8:	
Page 3 of 3	BS.	8: LL	

Filing Fee: \$25.00