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Requestor's Name)
Address)
Address)
City/State/Zip/Phone #)
☐ WAIT ☐ MAIL
Business Entity Name)
Document Number)
Certificates of Status
to Filing Officer:

Office Use Only



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COVER LETTER

TO: Registration Sect Division of Corpo		•	· ·
SUBJECT: Demo	TO Reno	LLC	
	Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Thomas E	Just-en	
		Name of Person	
		Firm/Company	
	<u>430 Cres</u>	Cent Or.	
	Lake provide	FL 33463 City/State and Zip Code	
		PDC gma. 1 cm	
	E-mail address: (to be used for future annual report no	tification)
For further information cor	ncerning this matter, please ca	ali;	
Tromas Bu	r Hon Person	at (541) 379 Area Code Daytir	ne Telephone 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 (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

Demo TO RANO LLC	
(Name of the Limited Liability Company as it now ar (A Florida Limited Liability Compa	opears on our records.) any)
The Articles of Organization for this Limited Liability Company were filed or	$\frac{01/03/3013}{\text{and assigned}}$
Florida document number L1800001352	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	<u>v here</u> :
The new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	8 ASS
Enter new mailing address, if applicable:	7 AH
(Mailing address MAY BE A POST OFFICE BOX)	6: 2
	<u> </u>
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	s on our records, enter the name of the n
Name of New Registered Agent:	
New Registered Office Address: Enter	r Florida street address
	, Florida
City	Zip Code
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.

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
MOR	Benjamin un wagner	1013 10th Lane	🗆 Add
		Palm Beach Gardens, FL 3341	E Remove
			Change
			🗆 Add
			Remove
			Change
			□ Remove
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		elayed effective se record is file		not an effec	tive time, at	12:01 a.m. o	on the earli	ier
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ted <u>Se</u>		2	→					

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Filing Fee: \$25.00