LIBOULLSSSY

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cih	//State/Zip/Phone	e #î
(0.1.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
		•
(Doc	cument Number)	
•	,	
Cartified Capter	Contification	of Status
Certified Copies	. Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only



900309458949

02/27/18--01022--001 **60.00



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ability Company as it now appears on our records. orida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ____ Florida document number ____ <u>L</u> 18000 00 335 4 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, ents registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street 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

, 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

<u>Title</u>	Name	Address	Type of Action
MGR	Jonathan Wilsman		Add
			_ □ Remove
			☐ Change
		·	□ Add
			Remove
			☐ Change
			□ Add
			□ Remove
			Change Change
		Chan	Add Add
			Remove
		_	Change
			Remove
			Change
· · ·			□ Add
			Remove

		mer emange(s) here: (Attach a		,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•
	-7		<u> </u>			
		<u> </u>				
						
					<u> </u>	
			- -		<u>,</u>	
		- 				
						
						· · · · · · · · · · · · · · · · · · ·
						-
					1	
					2.2	E =
.						8 7
ffective date, if oth an effective date is listed	er than the date (I, the date must be spo	of filing: ecific and cannot b	oc prior to date of fili	ng or more than 90	(optional) days after filling.)	Pursuant to 605.02
ote: If the date inser	ted in this block do	es not meet the	applicable statuto	ry filing requirem	ents, this 🙀 v	vill not be listed
ocument's effective d	ate on the Departin	iem of State 8 re	ccorus.		P	
e record specifies	a delayod effe	ctivo dato h	ut not an effec	rtive time at :	12·01 am d	n the earlier
The 90th day aft			ot not an enec	itive time, at .	12.01 4.111. 0	in the currier
			\bigcirc			
ated <u>Feb</u>	rucky 2	2, 1	2/8.			
			7			
		-/-//			<u>.</u>	
	Signat Tonother	ure of a menther	or authorized repres	entative of a memb	CF	

Page 3 of 3

Filing Fee: \$25.00