H8000005276

(Requestor's Name)
(Address)
,
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

Division of Cor			•
	ROVE PARTNERS, LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Gabriel Hanway		
		Name of Person	
		Firm/Company	
	PO BOX 10465		
		Address	
	Tallahassee, FL 32302		
		City/State and Zip Code	
	gabrielhanway@gmail.com	to be used for future annual report notifi	ention
For further information c	oncerning this matter, please c		
Shelby Jhonson		850 907-3313 at()	
Name o	d Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:	·	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration : Division of C		Registration Sec Division of Corp	
Division of C	огрогацону	Division of Cott	7C14UUH5

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A Company of the Assessment Company of the Assessment of the Asses	av a it say unpage an ave goord	.)
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as <u>it now appears on our record</u> liability Company)	<u>v.</u> 1
Articles of Organization for this Limited Liability Company were filed on 1/5/2018		and assigned
lorida document number L18000005276		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		020 OC
Principal office address MUST BE A STREET ADDRESS)		<u></u>
Enter new mailing address, if applicable:		9. Find t
Mailing address MAY BE A POST OFFICE BOX)		· 司· 士
		i
B. If amending the registered agent and/or registered office a	address on our records, <u>enter</u>	the name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	2,5
		orida
	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 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
AMBR	Jason Boone	3303 Thomasville Road	= Add
		Tallahassee, FL 32308	□Remove
			□ Change
			□Add
			Remove
			□Change
			ZOZO OWT - I
			Change there
			EFS 100 AU
			Remove
			□ Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□ Change

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X Salma D. Haway	Signature of a member for authorized representative of a member Gabriel Hanway	Sote: 11 locumer record d is filed	nt's effective date on the De specifies a delayed effective d.						•	
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Filing Fee: \$25.00