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SECRETARY OF STATE VISION OF CORPORATIONS

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COVER LETTER

TO: . Registration Section

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations	
SUBJECT: Competitors Den UC	
Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Orlande Bacon Jr. Name of Person	
Name of Person	
competitors ben LLC Firm/Company	
Pirm/Company	
317 W. Alfred St. Address	
Address	
Tampa / Florida 33603)
City/State and Zip Code	
Tampa Florida 33603 City/State and Zip Code competitors den E-mail address: (to be used for future annua	ıl report notification)
For further information concerning this matter, please call:	
Orlando Bacco Sr at (813) Name of Person Area Code	243 - 6585 Dactime Telephone Number
7.1.1.2.1.1.2.1.1.2.1.1.2.1.1.2.1.1.2.1.1.2.1.1.2.1.1.2.1.1.2.1.1.2.1.1.2.1.1.2.1.1.2.1.1.2.1.1.2.1.1.2	Taylor reception reception
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee ★ \$30.00 Filing Fee & □ \$55.00 Filing Fee	& □ \$60.00 Filing Fee.
Certificate of Status Certified Copy (additional copy is et	Certificate of Status &
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Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Competitors Den UC		
(Name of the Limited Liability Compan (A Florida Limited L	ny as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number 82-4031911.	were filed on January 8, 20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		8
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		2. COB COB CA CE
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		မှ နှိန်
		77 27
		777
 If amending the registered agent and/or registered off egistered agent and/or the new registered office address here 		ter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Florida	1
	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
MGR	Orlando Bacon Ir	317 W Alcred St	Adul
		Tampa, FL 33603	Remove
			Change
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ctive date, if other than the date of filing: (opti	ional)
effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after If the date inserted in this block does not meet the applicable statutory filing requirements, this	
ament's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective time, at $12:01:01:01$ are 90th day after the record is filed.	a.m. on the ear
d	
Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00