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## **COVER LETTER**

то:	Registration Se Division of Cor			
en b		ops of Merritt Island		
SUBJI	ECT:		ited Liability Company	
The en	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Ian Love		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
			Firm/Company	
		5120 St. David's Drive		
			Address	
		Vero Beach FL 32967	College 12 C	<del> </del>
		ianmlove@aol.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notif	ication)
For fur	rther information c	oncerning this matter, please ca	all:	
Ian Lo	ove		772 569-9415	
	Name o	f Person	Area Code Daytimo	e Telephone Number
Enclos	sed is a check for th	ne following amount:		
<b>■</b> \$2	5.00 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:

TO:

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

nany as it now appears on our records.) Liability Company)	
y were filed on Jan. 11, 2018	and assigned
bility company here:	
oility Company," the designation "LLC" or the	abbreviation "L.L.C."
· · · · · · · · · · · · · · · · · · ·	
office address on our records, <u>ente</u> <u>re</u> :	r the name of the
	高度 上 声
Enter Florida street address	70 - U
Flacid.	
	> Zip Ctode
	bility company here:  bility Company," the designation "LLC" or the  bility Company, the designation "LLC" or the  bility Company, the designation "LLC" or the  conflict address on our records, entere:  Enter Florida street address .  Florida

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>	<u>Address</u>	Type of Action
MGR	lan Love	5120 St. David's Drive.	□ Add
		Vero Beach, FL 32967	■ Remove
			□ Change
	<del>.</del>		
			□ Remove
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	ive date is listed, the date inserte						90 days afte	r filing.) Pu		
	t's effective da					ny ming requi	ements, un	is date will	not be	HSCCU
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ed	n. 26, 2018									
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		1 //Cin	Line	,		entative of a me				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00