# 11800020421

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	<del>= #)</del>
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### **COVER LETTER**

SUBJECT: # 1	Approved Cornaine of Limit	d Conversions ted Liability Company	for Florida,	UC
The enclosed Articles of a	Amendment and fee(s) are sub-	nitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	SusanW	Rathbone Name of Person	<del></del>	
	#1 appro	ved Cord Conv	versions for F	Toridaru
	201 Alca	17ar Street		
	St. August SUSCON (	ine FL 3208 City/State and Zip Code Cathbone @ Va o be used for future annual report notific	bo.com	<del>-1</del>
For further information co	oncerning this matter, please ca	ii:	TORE	<del>-</del>
Susan K	outhbone Person	at ( <u>704</u> ) <u>806</u> -	Telephone Number Frag	FILED
Enclosed is a check for the	e following amount:			ဗု. ယ
□ \$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:

TO:

Registration Section Division of Corporations

> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 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

Card Conversions for Florida, LCC Liability Company as it now appears on our records.) Florida Limited Liability Company) Florida document number L180000 20421 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: and Conversions and The new name must be distinguishable and contain the words "Limited Liability Company," the designation 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, enter the name of the new 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.

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 Type of Action <u>Address</u> <u>Title</u> <u>Name</u> \_□ Add ☐ Remove ☐ Change \_□ Add \_□ Remove TALLANASSER, FLORIDA □ Add ☐ Remove ☐ Change \_□ Add □ Remove ☐ Change \_□ Remove

\_\_ 🗆 Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
TATON:	<b>3</b>
HASSE SSE	OCT 25
Effective date, if other than the date of filing:	3 (
Note: If the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuants 605.0 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not Firsted document's effective date on the Department of State's records.	1209 (3)(f 1 <u>669</u> the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier  The 90th day after the record is filed	r of:
Daved 10-23-18 .	
Sugar W. Kalton e	
Signature of a member or authorized representative of a member	
Typed or printed name of signee	

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Filing Fee: \$25.00