# 18000024102

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## **COVER LETTER**

TO:	Registration Se Division of Cor			
eun	ucer.	LIME VAC	CATIONS, LLC	
SUB	JECT:	Name of Lim	ited Liability Company	·-··
The e	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspo	ondence concerning this matter	to the following:	
			Bill Bassett	
			Name of Person	
			Bassett Consulting, LLC	
		• • • • • •	Firm/Company	<del></del>
			52 Bunting Drive	Firm/Company  52 Bunting Drive  Address
			Address	
			Crawfordville, FL 32327	
			City/State and Zip Code	
			Staff@ConsultBassett.com	
		E-mail address: (	to be used for future annual report no	tification)
For fi	urther information c	oncerning this matter, please ca	all:	
	Bill Ba	assett	850 926-8811	
	Name o	f Person		ne Telephone Number
Enclo	osed is a check for the	ne following amount:		
<b>■</b> \$	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:

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

# ARTICLÉS OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIME	EVACATIONS, LLC		
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears imited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Cor Florida document number L18000024102	npany were filed on	1/26/2018	and assigned
This amendment is submitted to amend the following:	·		
A. If amending name, enter the new name of the limite	d liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the de	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	(SS)	_	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			N93)
			18 HA
B. If amending the registered agent and/or register registered agent and/or the new registered office addre		our records, ente	er the name of the r
Name of New Registered Agent:			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
New Registered Office Address:	Enter Flori	ida street address	<u> </u>
<del></del>	City	, Florida	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
AMBR	Daniel J. Fela	8250 Exchange Drive	■ Add
		Suite 120	□ Remove
		Orlando, FL 32809	☐ Change
AMBR	Enzo A. Vega	8250 Exchange Drive	■ Add
		Suite 120	□ Remove
		Orlando, FL 32809	☐ Change
AMBR	Juan A. Carrizo	8250 Exchange Drive	<b>≅</b> Add
		Suite 120	☐ Remove
		Orlando, FL 32809	Change
			□ Add
			Remove
			☐ Change
			🗀 Remove
			☐ Change

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Filing Fee: \$25.00