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PICK-UP	☐ WAIT	MAIL
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(Docur	nent Number)	
Certified Copies	Certificates of	Status
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Special Instructions to Fili	ng Officer:	





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## **COVER LETTER**

TO: Registration S Division of Co				
SUBJECT:		ted Liability Company	ING CCC	
The enclosed Articles o	f Amendment and fee(s) are sub	nitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Macie	Name of Person		
	LEE-AI	VVE HOLD/	NG-LLC	
	9975	Wood Land	Hills Way	
	TALL	City/State and Zip Colle	32309	1-2
	Marie address:	to be used for future unnual repodinotif	hoo . com	
For further information	concerning this matter, please ca	all:		_
Mazie Name	Warmack of Person	at () Q	Telephone Number	6
Enclosed is a check for	the following amount:			
□ \$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

## ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION Name of the Limited Liability Company as it now appears on our records (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on / This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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:

New Registered Office Address: Enter Florida street address

> , Florida \_ City

## New Registered Agent's Signature, if changing Registered Agent:

Name of New 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
AMBR	Tod Warmack	9975 WOODLAND HILLS WAY TALLAHASSEE, FI 32301	🗆 Add
			t Remove
		9975 WOODLAND HITS WAY	Change
MGR	Marie Warmack	TALCAHASSEE, F1 32309	Add
			Remove
		GOT WOON AND HILLS WA	db Change
<u>AMBR</u>	Marie Warmack	7975 WOODLAND HILLS WAY Tallahussee, Fi 32309	🗆 Add
			□ Remove
			L Change
MGR	HALFTIME ENTPRISEZILC	PO BOX 12788 Tallahassee, F1 32317	_ DA/dd
			□ Remove
			Change
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Note	: If the date inserted	than the date of filing: ne date must be specific and call in this block does not mee on the Department of Stat	t the applicable statu	(o iling or more than 90 days a tory filing requirements,	ptional) ther filing.) Pursuant to 605.0207 (3) this date will not be listed as the
he ro Th	ecord specifies a ne 90th day after	delayed effective dat the record is filed.	e, but not an eff	ective time, at 12:0	1 a.m. on the earlier of:
Date	d 1 2/1/	18		/)	
	<b>√</b>	Marie	War	macK	Wasmaet

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00