L180000 28845

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

Division of Corp	oorations		
ROBECKY SUBJECT:	PROPERTIES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	ROBERT WILLIAMS		
		Name of Person	
	ROBECKY PROPERTIES	LLC	
		Firm/Company	
	7706 STILL PARK CIRCI	LE	
		Address	
	ODESSA, F 33556		
		City/State and Zip Code	
	ROB@THEICEDOCTORS		
For further information co	e-mail address: (t ncerning this matter, please ca	o be used for future annual report notificall:	ation)
ROBERT WILLIAMS		813 267-9821 CEL	.L
Name of	Person	Area Code Daytime	l'elephone Number
Enclosed is a check for the	e 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:

TO:

Registration Section

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**

ROBECKY PROPERTIES LLC

(A Flori	ida Limited Liability Company)	OKUS.)	
The Articles of Organization for this Limited Liability Florida document number L18000028845	Company were filed on 2/1/2018	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company here:		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	PRESS)	ALE ALE	
		APR APR	
Pater was mailing address if anyther la		23	
Enter new mailing address, if applicable:		是	
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	- DE	
		2 2 2 T	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our recordress here:	rds, enter the name of the ne	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street add	ress	
	. Florida		
	City	Zip Code	
No. 10 - 2-4 2 4 41 - 61 - 4 46 - 1 46 - 1			

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	ROBERT WILLIAMS	7706 STILL PARK CIRCLE ODE:	Add
			□ Remove
		 	Change
MGR	REBECCA WILLIAMS	7706 STILL PARK CIRCLE ODE:	
			□ Remove
			Change
			D Add
		13	Remove
			O Add
			□ Remove
			Add
		*** · · · · · · · · · · · · · · · · · ·	Remove
			Change
			Add
			Remove
			☐ Change

		ttach additional sheets, if necessary.)
**** *** *****************************		
	 	
 		
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	<u> </u>	
Effective date, if other than the f an effective date is listed, the date mus Note: If the date inserted in this blocument's effective date on the D	ock does not meet the applicable s	(optional) le of filing or more than 90 days after filing.) Pursuant to 605.02 statutory filing requirements, this date will not be listed
e record specifies a delayed The 90th day after the rec		effective time, at 12:01 a.m. on the earlier
ated APRIL 17	, 2018	
Rolt Will		"
ROBERT WILLIAMS	Signature of a member or authorized	representative of a member
	Typed or printed nan	ne of signee

Page 3 of 3

Filing Fee: \$25.00

1	ation, enter change(s) here: (Attach addi	
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ve date, if other than th	e date of filing: st be specific and cannot be prior to date of filing or	(optional)
If the date inserted in this b	lock does not meet the applicable statutory fil	ling requirements, this date will not be liste
enc s effective date off the f	Department of State's records.	
ord specifies a delaye 90th day after the re	d effective date, but not an effective	e time, at 12:01 a.m. on the earlie
Jour day area the re-	.ord is med.	
APRIL 17	2018	
		
	A. 100	
	Signature of a member or authorized representati	ve of a member

Page 3 of 3

Filing Fee: \$25.00

desiree

From:

CorpAddressChange [corpaddresschange@dos.myflorida.com]

Sent:

Tuesday, April 17, 2018 8:36 AM

To:

'Desiree Lauer'

Subject:

RE: Document #L18000028845 I need Robert and Becky Williams to Read as MANAGERS

In order to change/add or remove a manager/authorized member, you must submit Articles of Amendment by mail, along with the appropriate filing fee to the Division of Corporations, this change cannot be made via email.

The fee to file Articles of Amendment is \$25.00.

Forms, which include filing information, are available directly from the Division's Web page www.sunbiz.org. Click on: "Forms & Fees", then "Limited Liability Company/LLC", then "Florida LLC Forms", then select Amendment. If you have questions, please call our Registration Section at 850-245-6051.

From: Desiree Lauer [mailto:desiree@theicedoctors.com]

Sent: Monday, April 16, 2018 7:10 PM

To: CorpAddressChange < corpaddresschange@dos.myflorida.com >

Cc: 'Desiree Lauer' < desiree@theicedoctors.com'>; 'Rob Williams' < N71CR@msn.com'>

Subject: Document #L18000028845 I need Robert and Becky Williams to Read as MANAGERS

Importance: High

Detail by Entity Name

Florida Limited Liability Company ROBECKY PROPERTIES LLC

Filing Information

Document NumberL18000028845 FEI/EIN NumberNONE Date Filed02/01/2018 StateFL StatusACTIVE

Principal Address

7706 STILL PARK CIRCLE

ODESSA, FL 33556

Mailing Address

7706 STILL PARK CIRCLE

ODESSA, FL 33556

Registered Agent Name & Address WILLIAMS, ROBERT

7706 STILL PARK CIRCLE

ODESSA, FL 33556

Authorized Person(s) Detail Name & Address

Title AMBR

WILLIAMS, ROBERT 7706 STILL PARK CIRCLE ODESSA, FL 33556

Title AMBR

WILLIAMS, BECKY 7706 STILL PARK CIRCLE ODESSA, FL 33556