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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER .

TO: Registration Section Division of Gorporations	•
SUBJECT: Name of Limite	AANCE LLC, d Liability Company
The enclosed Articles of Amendment and fee(s) are subm	
Please return all correspondence concerning this matter to	the following:
Samué 1 5	Name of Person
11 KM TY ST	Firm/Company
5005 N-1	Address PD unit 1114
SDWSIAN E-mail address: (to	City/State and Zip Code A 4 9 C Com () Com be used for future annual report notification)
For further information concerning this matter, please cal	l:
Sam Wingat	(386, 473 - 8731
Name of Person	at (386) 473 - 8731 Area Code Daytime Telephone Number
Enclosed is a check for the following amount	
\$25.00 Filing Fee Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed)
MAILING ADDRESS:	STREET/COURIER ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.Q. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
ragana0500, UD 32314	2001 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	TEMANCE LLC, Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	, , , — — — — — — — — — — — — — — — — —	and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, <u>enter the new name of th</u>	he limited liability company here:	
<u> </u>		
The new name must be distinguishable and contain the word	rds "Limited Liability Company," the designation "LLC" or the abbrevi	iation ' 65 C.' C.
Enter new principal offices address, if applicab	ole:	EB 2
(Principal office address MUST BE A STREET)	ADDRESS)	SSE E
		<u> </u>
		STAT LORI 7: 2
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>	
<u>:</u>	-	
B. If amending the registered agent and/or registered agent and/or the new registered office	r registered office address on our records, <u>enter the</u> ce address here:	name of the new
Name of New Registered Agent:		
New Registered Office Address:		
registered office Address.	Enter Florida street address	
	, Florida	
	·	Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent:	
provisions of all statutes relative to the proper accept the obligations of my position as registe	agent and agree to act in this capacity. I further agree to and complete performance of my duties, and I am family ered agent as provided for in Chapter 605, F.S. Or, if the gistered office address, I hereby confirm that the limited haves	iliar with and his document is

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member **Type of Action Title** Name. **Address** Samel D. Wight III 5005 Kyngs hrodin RD. BADD Vait 1114. 16:55, more Fly 34.746 ☐ Change □ Add _____ Change _□ Change □ Adđ □ Remove ___ Change □ Add □ Remove □ Change _ 🗆 Add _□ Remove _□ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

D. If amen	ling any other information, enter change(s) here	: (Attach additional sheets, if necessary.)	
			
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Note: 11	e date, if other than the date of filing: ive date is listed, the date must be specific and cannot be prior the date inserted in this block does not meet the applicates effective date on the Department of State's records.	to date of filing or more than 90 days after filing.) Pursuant to 605,0207 able statutory filing requirements, this date will not be listed as	7 (3) : the
f the reco (b) The 9	rd specifies a delayed effective date, but no Oth day after the record is filed.	t an effective time, at 12:01 a.m. on the earlier of	f:
Dated _	(10, 10, 29,8 . 2018	<u> </u>	
	$ \lambda M N$		
		prized representative of a member	
	Samel D, Wr. G. Typed or printe	y t III	
	l yped or prinje	ru name of signee	

Page 3 of 3

Filing Fee: \$25.00