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18 MAY 11 PM 3-2

SECRETARY OF STATIONS

SECRETARY OF STATION

K. SALY MAY 15 2018

### **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	Srvcs Name of Lin	LLC Conjude Liability Company	::::::::::::::::_:
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Chris	Rosers Name of Person	·
	CR Srv	Firm/Company	·
		de Tyme P	<u>/</u>
	Middle Christoph E-mail address:	City/State and Zip Code  Ser 25. CR (6) 9  to be used for future annual reportmenting	POUS mail. Com
For further information of	oncerning this matter, please ca		
Chris 10	OSE/S f Person	at ( <u>904</u> ) <u>8/3</u> -	1246 Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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 TO ARTICLES OF ORGANIZATION OF

ARTICLE	25 OF ORGANIZATION	F1.
	OF	18 MILED
CR SRICS	LLC	18 MAY 11 PM 3: 26  TECORDAD OF STATE  1. G.
( <u>Name of the Limited Liab</u> (A Flori	illity Company as it now appears on our ida Limited Liability Company)	records.) SALESTATE
The Articles of Organization for this Limited Liability	- 1	and assigned
Florida document number <u>L 180000</u> 4011	<u>5</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ecords, enter the name of the new
registered agent and/or the new registered office ad	dites nere.	
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida stree	at address
	2000 1 101 100 00	
	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>	<u>Address</u>	Type of Action
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in effective date	is listed, the date	the date of f e must be specifi is block does r	c and cannot	be prior to day	e of filing or m	ore than 90 da	(optiona ys after filir	g.) Pursuant t	o 605.020 e listed a
cument's effe	ctive date on th	he Department	of State's r	ecords.			, , , , , , , , , , , , , , , , , , , ,		o marca i
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Filing Fee: \$25.00