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## **COVER LETTER**

Division of C	Section orporations		
SUBJECT:	DOUGS Marne of L	Limited Liability Company	ng LLC
The enclosed Articles o	f Amendment and fee(s) are s	ubmitted for filing.	
	ondence concerning this matte		
	Do	Vame of Person	T. tchmarsh
	Doug.	S FIGORIY Firm/Company	g LLC
	672.	1-Rochelle Address	2 Avenue
	New Poe	City/State and Zip Code	pride 34655
	E-mail address:	to be used for future annual report no	
For further information co	oncerning this matter, please c	all:	ouncation)
Dougla Name of	S T.tchma	115/at 727 9=	BZ-66ZO mc Telephone 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:

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

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ Florida document number <u>L 18000042745</u> 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 "LLC" 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida \_\_\_

# 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.

City

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 = A	authorized Member				
<u>Title</u>	Name	<u>Addr</u>	<del>ess</del>		Type of Action
AP	Dawn	Mekhm	6721-Ro	chelle Ave	□ Add
		Mekhing	IPR.Fl.	34655	DA Remove
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	R <u>Steven M</u>	New	NFORT Ri	chay F1.	O Remove
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(If an offer Note:	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuam to 605.0 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed int's effective date on the Department of State's records.	0207 (3) d as the
the rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.	r of:
) The		
) The !  Dated _	9-3-19	
) me	9-3-19	
) me	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00