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(R€	equestor's Name)	
(Ad	dress)	
(Ac	dress)	, <u> </u>
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Вь	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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T SCHROEDER

COVER LETTER

TO:	Registration So Division of Co			
CHDH		p Prospects, LLC		
SUBJI		Name of Lim	nited Liability Company	
		Amendment and fee(s) are sub	-	
Please	return all correspo	ondence concerning this matter	to the following:	
		Brian Dalton		
		 	Name of Person	·
		Future Top Prospects		
			Firm/Company	
		572 Ashcroft Landing Dr.		
			Address	
		Jacksonville, FL 32225		
		bdalton@futuretopprospects	City/State and Zip Code s.com	
		E-mail address: (to be used for future annual report notifi	cation)
For fur	ther information o	concerning this matter, please co	all:	
Brian Dalton			904 993-4448	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for the	he following amount:		
\$25	5.00 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 Taliahassee, 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**

Future Top Prospects, LLC						
(Name of the Limited Liability Comps (A Florida Limited	inv as it now appears on our recording Company)	ds.)				
The Articles of Organization for this Limited Liability Company were filed on 2/19/2018				_ and assigned		
Florida document number						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	ility company here:					
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	or the abbrev	iation "L	.IC."		
Enter new principal offices address, if applicable:	572 Ashcroft Landing Dr					
Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL	<u> </u>				
	32225		7			
		• • •	12.6	****		
Enter new mailing address, if applicable:	572 Ashcroft Landing Dr.	7.	_:cn	711		
Mailing address MAY BE A POST OFFICE BOX)	Jacksonville, FL		<u> </u>			
	32225					
		60	್ಝ			
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		s, enter the	name	of the n		
Name of New Registered Agent:						
New Registered Office Address:		····				
	Enter Florida street addre.	27				
		orida	4. 65 :			
	City	7	Lip Code			

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	Brian Dalton	572 Ashcroft Landing Dr	
		Jacksonville, FL	
			☐ Remove
		32225	
			☐ Change
	JOSEPH R PERRY		
MGR		512 MORNING SIDE DR	□ Add
		PONTE VEDRA BEACH, FL	
		572 Ashcroft Landing Dr	O n
		32082	
		32002	25 33 38 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
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ective date, if other than the date of filing:	prior to date of filir	ng or more than 9	(option 0 davs after fil	al) ing.) Pi	ursuant t	o 605.(
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Page 3 of 3

Filing Fee: \$25.00