L180000 46348

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200322344682

12/27/18--01028--004 **30.30



JAN 1 0 2019

S. YOUNG

COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT:	Je M We Name of Lim	ited Liability Company			
	Amendment and fee(s) are sub				
Please return all correspo	ondence concerning this matter	to the following:			
	Joanna	Name of Person			
	Jan W				
	1617 Hi	11crest St Address		i 186 186	
	Orlando	/FL 32803 City/State and Zip Code)	DEC 27	
	je mwell E-mail address: (info@amail.com			
For further information of	oncerning this matter, please ca	all:		6: 23 Fair ONIDA	
Joann Name o	a T. Vass	at (941) 504 Area Code Daytime	- 1910 Telephone Number		
Enclosed is a check for the	he following amount:				
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
		OTHER TO COLUMN	en innneec		

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

Name of the Limited Liability Compar	LLC	ur records \
(A Florida Limited L.	iability Company)	gi records.
The Articles of Organization for this Limited Liability Company	were filed on Febru	vary 21, 2013 and assigned
Florida document number <u>L18000046348</u> .		1
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1617 Hil	Icrest St
(Principal office address MUST BE A STREET ADDRESS)	Octordo	F1 32803
		
Fatan and mailing address if applicables		C 21
Enter new mailing address, if applicable:		7 7
(Mailing address MAY BE A POST OFFICE BOX)		6- 6
		: 23
B. If amending the registered agent and/or registered of		records, enter the name of the ne
registered agent and/or the new registered office address here	2:	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida str	eet address
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete		

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Address	Type of Action		
MGR	Jaanna T. Vass	1700 Nebraska St.	X _^ddd		
		Orlando, FL 32803	Remove		
			Change		
MGR	Jerone J. Kleinrichert	633 Harwood St.	_ ₩ ∧dd		
		Orlando FL 32803	□ Remove		
			Change		
			🗀 Remove		
			Change		
			□ ∧dd		
			□ Remove		
			Change		
			Add		
			□ Remove		
			Change		
			□ Add		
			_□ Remove		
			□ Change		

•	
•	
-	
-	
	·
•	
,	
(If an ef Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	December 22. 2018.
	Anguature of a member or authorized representative of a member
	Jama T. Vass Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00