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COVER LETTER

TO: Registration Division of O	n Section Corporations		
	FAMILY HOLDINGS, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Bonnie S. Green, Esquire		
	Darby Peele & Green, PLL	Name of Person	
	1241 South Marion Avenue	Firm/Company	
	Lake City, Florida 32025	Address	
	wardgr69@gmail.com	City/State and Zip Code	
		to be used for future annual report noti-	fication)
For further information	on concerning this matter, please ca	ill:	
Bonnie S. Green		386 752-4120 at ()	
Nan	ne of Person	Area Code Daytime	e Telephone Number
Enclosed is a check fo	or the 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:

TO:

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

Ward Family Holdings, LLC			
(Name of the Lim	ited Liability Comps (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Included In	Liability Company	were filed on February 21, 2018	and assigned
his amendment is submitted to amend the fol	lowing:		
a. If amending name, enter the new name	of the limited liab	ility company here:	
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if appli		4375 Seminole Street	
(Principal office address MUST BE A STREET ADDRESS		Starke, Florida 32091	
nter new mailing address, if applicable:		4375 Seminole Street Starke, Florida 32091	
(Mailing address MAY BE A POST OFFICE BOX)		Starke, Fiorida 32031	25 25
3. If amending the registered agent and registered agent and/or the new registered of	l/or registered o office address her	ffice address on our records, <u>e</u> :	enter the name of the
Name of New Registered Agent:	George R. Wa	ard	7.11
New Registered Office Address:	4375 Seminol		07
	Starke	Enter Florida street address	da 32091
		, Flori City	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 = M AMBR = A	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			
			□ Remove
			☐ Change
			☐ Remove
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Effecti	ve date if other than the date of filing:
Note:	ve date, if other than the date of filing:
	ord 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	Movember 20, 2019 Bonne Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee