## L18000070883

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## **COVER LETTER**

TO:	Registration Se Division of Co			
CHD IE	The Florid	a Cre Company LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	TAIN IT THE TAIN TO THE TAIN T
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Thomas Robert Schmidt J	r	
			Name of Person	
		The Florida Cre Company	LLC	
			Firm Company	
		255 Evernia Street 1210		
			Address	<del> </del>
		West Palm Beach, FL 334	01	
			City/State and Zip Code	
		tom@thefloridacompany.co	on) to be used for future annual report notif	
<b>.</b>			•	neation)
For furth	ier information c	oncerning this matter, please co	all:	
Thomas	Robert Schmidt	Jr	561 3537804 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	d is a check for t	he 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 OF

The Florida Cre Company (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on March 19, 2018 \_\_\_\_ and assigned Florida document number  $\frac{118000070883}{}$ 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 "L.L.C." 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City

## 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

g Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added ved from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Thomas Robert Schmidt Jr	255 Evernia Street 1210	<b>≅</b> Add
		West Palm Beach, FL 33401	□ Remove
			Change
MGR	Sara Schmidt	255 Evernia Street 1210	
		West Palm Beach, FL 33401	■ Remove
			Change
			☐ Remove
			Change
			Add
			☐ Remove
			Change
			Add
			□ Remove
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			Remove
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ffective date, if other than t	he date of filin	19:			(optional)		
an effective date is listed, the date is offee: If the date inserted in this	nust be specific an	d cannot be prior	to date of filing o	or more than 90 day	s after filing.)	Pursuant t	lo 605.020 e Tisted a
ocument's effective date on the	Department of	State's records.		Bredimemon			o mot a
e record specifies a delay The 90th day after the r			t an effectiv	e time, at 12	:01 a.m. c	in the e	arlier o
April 20th		2018					
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			<b>&gt;</b> ∩.				

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Typed or printed name of signee

Filing Fee: \$25.00