118000077069

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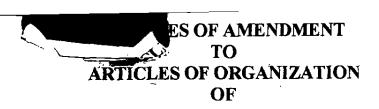
TO: Registration Sec Division of Corp	tion orations		
SUBJECT:	mall Cak Name of Lim	.C.S. OF FOY:	+ Myers LLC
•			
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Tonyia	Name of Person	er
		Firm/Company	
	141.30	DUKE High	way
	Alva,	Flovida City/State and Zip Code	33920
	SMCII (E-mail address: (t	OULESTOR FMU o be used for future annual report no	exsagmail. Com
For further information con	cerning this matter, please ca	H:	
TONMI CA Name of P	MOYEN Gerson	at (203) 217 Area Code Daytin	ne Telephone Number
Enclosed is a check for the	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



& Smallcake	es of fort	Muers LLC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our reco	irds.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L/8000077069</u>	were filed on $3/26$	and assigned
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 "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		20 12
Enter new mailing address, if applicable:		APR 16
(Mailing address MAY BE A POST OFFICE BOX)		DIA
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		Florida
,	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 = Manager AMBR = Authorized Member				
<u>Title</u>	Name	Address	Type of Action	
MGR	Tonyia Moyer	14130 Duke Highwa Alva, Florida 33	Add Remove	
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			Add	
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e es	ctive date, if other than the date of filing: (optional)	
(If an	effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02	
<u>Note</u> docu	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed innent's effective date on the Department of State's records.	as the
If the r	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier	of:
	ne 90th day after the record is filed.	
	2/20/10	
Date	d 3/30/18	
	Touring Mours 1)// and	
	Signature of a member or authorized regresentative of a member	
	IONVIG MOYER Donald J Moyer	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00