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(Requ	uestor's Name)	
(Addr	ess)	
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(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Doct	ıment Number)	
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Special Instructions to Fi	ling Officer:	
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SUBJECT:	MUDILE HOME SA Name of Lin	WES BY LOUISE UL mited Liability Company	
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return all correspond	ondence concerning this matte	r to the following:	
		OUISE DEGR	007
	Mobile	Name of Person Home Salw A Firm/Company	by Louist uc
		42 Ng CT E	
	SARAS Baux	City/State and Zip Code Clayoft 60 6 a (to be used for future annual report notifi	43 smail com
		(to be used tor future annual report notifi	cation)
For further information of	oncerning this matter, please c	rall:	a nat was
Name of	f Person	at (94) 780 Area Code Daytime	Telephone Number 77
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		, -m -m -m -,	· · · · · · · · · · · · · · · · · · ·
Registra Divisior P.O. Bo	NG ADDRESS: tion Section of Corporations x 6327 see, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent	tions ter Circle

(Name of the Limited Liability Compa		
The Articles of Organization for this Limited Liability Company Florida document number		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 Liabil	lity 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)	1903 NORTHYATE BUD STE. 119 SALAKUTA PA 34234	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE ΒΟλ)	1928 420 COURT D. SARASOTA, Fr. 24243	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our record $\frac{2}{2}$ ente	refine name of the new
Name of New Registered Agent:	ASSIE. P	
New Registered Office Address:	Enter Florida street address	22 -
	Florida _ 	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
mar	LOUISE DEGREGOT	1938 4200 CWLT. E.	Add
J.	•	1638 4200 CWLT. E. SALASOTA, h. 34243	Remove
			Change
			D Add
			Remove
			☐ Change
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		AST AST	Remove
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		FLOOR FLOOR BA	
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	,		□ Remove

_ Change

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E EC.	
(lfane	tive date, if other than the date of filing: (optional) (op
Note	ffective 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 605.0207 (3)(b). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docu	nent's effective date on the Department of State's records.
If the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(0) 111	e 90th day after the record is filed.
	5-10-2018
Dated	,
	Louise Olkhoot
	(1) auge of make a whole and a market
	Signature of a member or authorized representative of a member
	LOUISE DEGROOT
	Typed or printed name of signee

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Filing Fee: \$25.00