L 18000088696

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

TO:	Registration Se Division of Cor			•		
CHARLES.	Mark W To	ower LLC				
SUBJECT: Name of Limited Liability Company						
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please ro	eturn all correspo	ondence concerning this matter	to the following:			
		Kenneth Milden, Registered Agent				
			Name of Person			
		Mark W Tower, LLC				
			Firm/Company			
		3695 Hardwood Ct				
Address						
		Melbourne FL 32935				
City/State and Zip Code						
		kennethmilden@gmail.com				
C C al	:		to be used for future annual report no	uncation)		
		oncerning this matter, please c				
Kenneth	Milden		321 501-6988 at ()			
	Name o	f Person	Area Code Daytir	ne Telephone Number		
Enclosed	d is a check for th	ne 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)		
	Mailing Address		<u>Street Address:</u> Registration Se	ection		
Registration Section Division of Corporations		Division of Corporations				

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mark W Tower, LLC	
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company	rars on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{4}{3}$	4/19/2018 and assigned
Florida document number L18000088696	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u>here</u> :
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)	
	——————————————————————————————————————
	IZZ TA
B. If amending the registered agent and/or registered office address on our	records, enter the name of the registere
agent and/or the new registered office address here:	
Name of New Registered Agent:	-8 PH
New Registered Office Address:	T S T S T S T S T S T S T S T S T S T S
	lorida street address
	, 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>	<u>Name</u>	Address	Type of Action
AMBR	Gage Tower	3695 Hardwood Ct Melbourne FL 32935	= Add
			□Remove
			Change
			□Add
			Remove
			Change
			□ Add
			Remove
			□Change
			□ Add
			□Remove
			□ Add
			□Remove
			Change
			🗀 Add
			□Remove
			□ Change

Typed or printed name of signee