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SECRETARY OF STATE DIVISION OF CORPORATIONS

N COOPER MAY 25 2018

COVER LETTER

TO: Registration S Division of Co			
1128 Ketz SUBJECT:	al Drive, LLC		
SUBJECT.	Name of Lit	mited Liability Company	
チ	Inida doc.	1 - 0 - t	
		ument number:	: L 18000098488
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	_
Please return all corresp	ondence concerning this matte	r to the following:	
	Karla Amory		
		Name of Person	
			
		Firm/Company	
	1031 Ketzal Drive		
		Address	
	Trinity, FL 34655		
		City/State and Zip Code	
	amorykarla@aol.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
Karla Amory		727 599-8596	
Name c	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	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)
MAD	INV. A DDDDDGG		

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

1128 Ketzal Drive, LLC			
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L18000098488	were filed on April 19, 2018	_ and assig	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company "the designation "LLC" or the abbre	viation "1.1.1	<u> </u>
Enter new principal offices address, if applicable:		=	
(Principal office address MUST BE A STREET ADDRESS)		HAY	20.03 20.03 80.03
		<u>₹</u>	<u> </u>
Enter new mailing address, if applicable:		r A	RY OF SIA CORPORAL
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	AN AN
wining man ess man beautiful of the box		9	N.
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		e name of	the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
 -	Florida	Zin 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>	<u>Address</u>	Type of Action
MGR	Carmen E Rodriguez	1031 Ketzal Drive, Trinity FL 3465	C Add
			≅ Remove
			☐ Change
			O Add
			□ Кетюче
			☐ Change
			D Add
			П Rеточе
			☐ Change
			□ Remove
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ective date, if other than the effective date is lived, the date and te: If the date inserted in this burnent's effective date on the L	st be specific and commit be going to done of filing on mollock does not meet the applicable statutory filing	(optional) ஒ <u>ற்ற இசிந்த நின் நின்த</u> ு Pதைமும் நூடு requirements, this date will not be liste
record specifies a delaye he 90th day after the re	d effective date, but not an effective ti cord is filed.	me, at 12:01 a.m. on the earlie
ed May 17	2018	
N/ a	210: 1 -0 ·	
	Signature of a member or authorized representative	is microscor

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Filing Fee: \$25.00