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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Cartificate of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: Flying Cross R Name of	Lanch, LLC d/b/a Elite Show String Climited Liability Company					
The enclosed Articles of Amendment and fee(s) are	: submitted for filing.					
Please return all correspondence concerning this ma	atter to the following:					
	Sissy Le Clair Name of Person					
- Flying C	Firm/Company					
4411	GOSSO FD Address					
	City/State and Zip Code					
Sissy De	ess: (to be used for future annual report notification)					
For further information concerning this matter, plea	ase call:					
Sissy LeClair Name of Person	at (386) 804 - 5251 Area Code Daytime Telephone Number					
Enclosed is a check for the following amount:						
\$25.00 Filing Fee Certificate of Statu						
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section 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

filed on <u>4/11/18</u>	and	assig ne d
ompany here:		
mpany," the designation "LLC" or	the abbreviation	"L.L.C."
	LASS OF	2 B 2 7 7 2 4 2 7 7 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	<u> </u>	
L. Le Clair Son Rd Enter Florida street address Florida	name of the	new registered
	ss on our records, enter the L. Le Clair Ssa Rd Enter Florida street address	mpany," the designation "LLC" or the abbreviation CO CO CO CO

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 Type of Action Address <u>Title</u> Name Sissy L. LeClair 4411 Grisson Rd Deland FL France

Sissy L. Beery Premove □Change ________________□Add Remove □ Change □Add 2022 Remove. Addلچلے □Remove Change □Add Remove Change ☐ Remove ☐ Change

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fective date, if other than the on effective date is listed, the date must ote: If the date inserted in this blooment's effective date on the Department's	be specific and cannot be pric ck does not meet the appli	cable statutory filing	ore than 90 days aft		
ecord specifies a delayed effective is filed.	date, but not an effective	time, at 12:01 a.m. o	on the earlier of: ((b) The 901	th day after th
ated October	28 202	<u>2</u> .			
	signature of a member or aut	norized representative	of a member		
	Sissy L. Typed or prir	1 o Clair			

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