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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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COVER LETTER Registration Section TO: **Division of Corporations** SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Person Firm/Company Address City/State and Zip Code E-mail address: (to be used for future annual teport notification For further information concerning this matter, please call: Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, \$25.00 Filing Fee

Certificate of Status

Certified Copy

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT

TO
ARTICLES OF ORGANIZATION

OF	F	
Name of the Limited Liability Company (A Florida Limited Li	Y AS II FOW ADDRAIS ON OUR RESORDS.)	
(A riorida Dimited Ca	ability Company)	•
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
1	17	
Florida document number 12 800 10 380	ι	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	11:00
Florida	- 1510 Conjul	7714,
The new name must be distinguishable and contain the words "Limited Liabilit	ly Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		್ ಗೆಷ
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		3
Manting agaress MAT BLATOST OFFICE BOXY		N 1"
		
	M 11	0
B. If amending the registered agent and/or registered office address here:		the name of
registered agent and/or the new registered office address incre-		ر, ^ر —ی
		C,
Name of New Registered Agent:		
New Registered Office Address:		
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 compl provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docubeing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liabilit company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Ages

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Actio
			
			Remove
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C. Effective date, if other than the date of filing:	(option	-: al) 상
(If an effective date is listed, the date must be specific and cannot be prior to date o Note: If the date inserted in this block does not meet the applicable stat document's effective date on the Department of State's records.	f filing or more than 90 days after fil-	ing.) Pursuant to 605.0207
f the record specifies a delayed effective date, but not an ef b) The 90th day after the record is filed.	fective time, at 12:01 a.m	n, on the earlier of
Dated 1th October 2018		
Signature of a member or authorized rep	presentative of a member	
Keun B	ergman	
Typed or printed name of	oTsignee	·

Page 3 of 3

Filing Fee: \$25.00