L18000109404

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2019 FEB 21 PH 9: 09
SECRETARY OF STATE
TALL AHASSEE, FLORID

APPROVED AND FILED

Tim onpulla

COVER LETTER

Division of Corp			
SUBJECT:	Tiki To Name of Limite	2005	
	Name of Limite	ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subm	itted for filing.	
lease return all correspor	ndence concerning this matter to	the following:	
		roy Pulley	
		/ Name of Person	
		Firm/Company	···
	3140	Address Deach, FL City/State and Zip Code GOUSE PUBLIENSEN.	Les Blud
	Jenser	Beach, FL	34957
	I YO Y C E-mail address: (to	GUUSE RUBIENSEN. be used for future annual report notific	Conation)
For further information co	oncerning this matter, please call		
		at (774) 425- Area Code Daytime T	5340 Telephone Number
		•	•
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)	☐ \$60.00 Filing Fee, 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

11K1 14C	
(Name of the Limited Liability Comp (A Florida Limited	oany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L1800010940</u> 4	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liah	bility 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)	
3. If amending the registered agent and/or registered egistered agent and/or the new registered office address he	office address on our records, <u>enter the name of the nevere</u> :
Name of New Registered Agent:	
New Registered Office Address:	Entep Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>

If Changing Registered Agent, Signature of New 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

	• •	-	
or removed from our records:			
MGR = Manager			
Work Wanaber			
AMBR = Authorized Member	<u>.</u>		

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	John Pulley	1593 Se Prestwick Port Scient, FC 3495	Add Add
	,	Port Sciet, FC 3495	Remove
			Change
			Add
		·····	Remove
			Change
			Remove
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Filing Fee: \$25.00