L18000111757

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
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(Bu	siness Entity Nar	me)		
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COVER LETTER

TO: Registration Se Division of Cor			
	DOES IT LLC		
SUBJECT:	Name of Lin	nited Liability Company	
m			
The enclosed Articles of	Amendment and fee(s) are sub	imitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JOHNATHON M ANDES	SILICH	
		Name of Person	
	JOHNNY DOES IT LLC		
		Firm/Company	
	4 2816 718 5	treet West	
	_ 	Address	
	, LehighAcre	5 33571	
		City/State and Zip Code	
	John Emarica Co E-mail address: (Address S 3 5 7 1 City/State and Zip Code OFT Chiom a coup 1 (20) to be used for future annual report no	r) lification)
For further information c	oncerning this matter, please c		
JOHNATHON M ANDI	ESILICH	239 877-3527	
Name o	f Person	at () Area Code Daytii	ne Telephone Number
Enclosed 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 assec, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOHNNY DOES IT LLC				
(Name of the Limited	Liability Compa V Florida Limited	any as it now appears on our reco Liability Company)	erds.)	
The Articles of Organization for this Limited Liab Florida document number L18000111757	and assi	and assigned		
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liah	oility company here:		
The new name must be distinguishable and contain the wor	ds "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation "L.L	<u>C.;</u>
Enter new principal offices address, if applicable:		2816 71st Street West		ISIAI(
(Principal office address MUST BE A STREET ADDRESS)		Lehigh Acres, FL 33971		물급 - 급립 -
			<u> </u>	- 20 =
Enter new mailing address, if applicable:		2816 71st Street West	AM (O:	200 mg/s
(Mailing address MAY BE A POST OFFICE BOX)		Lehigh Acres, FL 33971	02.	
B. If amending the registered agent and/or registered agent and/or the new registered office	•		ds, enter the name o	f the ne
Name of New Registered Agent:	JOHNATHON M ANDESILICH			
New Registered Office Address:	2816 71st Str			
		Enter Florida street addi	ress	
	Lehigh Acres		Florida 33971	
		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

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ree at the state	.1 1 . 64	~			43 AD	
Effective date, if other the If an effective date is listed, the Note: If the date inserted in document's effective date of	date must be specifi n this block does i	ic and cannot be pr not meet the app	licable statutory	or more than 90 days	optional) safter filing.) Pursu s, this date will re	ant to 605.020 of be listed a
ne record specifies a d The 90th day after t			not an effecti	ve time, at 12:	01 a.m. on th	e earlier (
06/25 Dated		2018				
		_				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00

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	JOHNATHON M ANDESILICH	X2816 715 Street	Wot, Lehigh Aeres
			FL 3397 Remove
			
			□ Remove
			Change
			Add
		 	Remove
			Change
 -			
			□ Remove
		<u> </u>	□ Change
			
			☐ Remove
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