LIECCHIZZS

(Re	equestor's Name)	-
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COVER LETTER

TO: Registration S Division of Co			(1	
SUBJECT: Na	Name of Lim	Angelon ited Liability Cooplany	larning Xa	adone
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
(5)	Shule Danale Davelone Wallen C	Jackson Name of Person HULL MCL Firm Company Address Address City/State and Zip Code On the Used for future annual report notifications Address	Los larneres the Starter the Starter of 32254	g X cad
For further information	concerning this matter, please ca	all:		
Patrice Name	Wal Ker	at (904) 710- Area Code Daytime	Telephone Number 7 10 3	河原
Enclosed is a check for	the following amount:			<i>a</i>
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

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>Name</u> **Address** Type of Action ☐ Remove ☐ Change ☐ Remove ☐ Change □ Add □`Remove □ Change □ Add □-Remove Change ☐ Remove ☐ Change _□ Add ☐ Remove

□ Change

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record specifies a delayed he 90th day after the reco		•		tive time, at 1	.2:01 a.m. o	n the earl	ier ol
led June 28	<u> </u>	. 201	8				
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	Signature of a	member or au	miorizea rentes	manic of a memor			

Page 3 of 3

Filing Fee: \$25.00