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Office Use Only



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Filing cancelled due to returned check

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○ SIMMONS MAY 2 1 2018

COVER LETTER

SUBJECT: IN	AStree 2 Name of Lim	RCCORDZ L ited Liability Company	LC
	Amendment and fee(s) are sub	Ţ.	Filing cancelled due to returned check
	MaJor	Name of Person	
	3044 N	Firm/Company Meri Dian 12	- D
	Malla F	Address 3 3 1 3 City/State and Zip Code	
For further information c	E-mail address: (oncerning this matter, please ca		
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	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)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

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(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	-100
The Articles of Organization for this Limited Liability Company	were filed on MAY 14 20	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab The new name must be distinguishable and contain the words "Limited Liab	- LINA	REET Door
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) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	-1: 40 5
·	, Florida	
	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

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 <u>Address</u> Name □ Add _□ Remove Filing cancelled _□ Change due to returned check _□ Add + ___ Change ☐ Add Remove □ Change $\frac{\mathcal{G}_{4}}{\mathcal{G}_{A}} \square \text{ Remove}$ _□ Change _□ Remove ___ Change □ Add ☐ Remove _____ Change

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f an effective date is Note: If the date	f other than the date of filing: s listed, the date must be specific and cannot be prior to date of filing inserted in this block does not meet the applicable statutory five date on the Department of State's records.	(optional) or more than 90 days after filing.) Pursuant to 605. Tling requirements, this date will not be lister	0201 d as
ne record spec The 90th da	rifies a delayed effective date, but not an effective after the record is filed.	ve time, at 12:01 a.m. on the earlie	ro
) - (21-2016 MM 0		

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Typed or printed name of signee

Filing Fee: \$25.00