LIF 000 117252

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





700314375217

88/11/16--01018--019 **25.80

18 JUN 1 1 PM 3: 41

N COOPER JUN 1 3 2018

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Name of Lim	tate Paci	ng L.L.C.
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please return all correspo	ndence concerning this matter	to the following:	
	Mic	hael A. P	Pak
		Firm/Company	
	18074	Perigon u	Jey_
	Jupiter	FL 334. City/State and Zip Code	58
	Michael. P. E-mail address: (eak @ bsacle to be used for future annual report notif	DIMS COM
For further information c	oncerning this matter, please ca	ail:	
Michael	Peak f Person	at (SGL) 222 Area Code Daytime	1-72C2 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

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

The Articles of Organization for this Limited Liability Company were filed on 5/10/18 and assigned
Florida document number L/8000117252
This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

M. Chael Pec : 9 on Way

Enter Florida street address

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

te Florida F

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 Title <u>Name</u> <u>Address</u> Type of Action AMBIR Michael Peak 18074 Perigon Way KAdd JUPITER FL 3345 8 - Remove _□ Change AMBIZ Amanda Munyan 18074 Perigon way sadd Jupiter FL 33458 - Remove ☐ Change ☐ Remove ☐ Remove _□ Change _ 🗆 Add _□ Remove ☐ Change _□ Add

☐ Remove

☐ Change

\/	Plati	ng ()wr	ress	+(+1e		,		
	· 									_
	•								-	
										_
	· - -									_
										_
					.	,	 			_
										_
										0
									. 8	1317
									Z	—물狀 크리
									<u>_</u>	
										_200 200 200
									က္	
										— <u>0</u> -
				15 1	-		·			_
n effective o te: If the	ite, if other the date is listed, the date inserted in effective date o	date must be spe	eific and ca	annot be pri et the appl	icable stat	filing or moutory filing	ore than 90 da	(optional ys after filing nts, this date	g.) Pursuant to	605,020 isted a
	specifies a d day after t			te, but r	not an ef	fective ti	me, at 12	2:01 a.m.	on the ea	rlier d
ted	<u>C</u> /	7_	·	201	<u>S</u> .	1//				
						V				
_		Signat	ure of a me	mher or au	thorized ren	resentative	of a member			

Page 3 of 3

Filing Fee: \$25.00