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## **COVER LETTER**

то:	Registration Sec Division of Corp			
emore		rs Imports. LLC		
SUBJE	CT:	Name of Limi	ted Liability Company	<del></del>
The enc	losed Articles of a	Amendment and fee(s) are subr	nitted for filing.	
Please r	eturn all correspo	ndence concerning this matter t	to the following:	
		Jeremy Edelstein		
			Name of Person	
		Four Corners		
			Firm/Company	
		PO Box 1024		
			Address	
		Lake Worth, FL 33460		
			City/State and Zip Code	
		misterbigchi@gmail.com	to be used for future annual report notil	(cation)
For furt	her information co	oncerning this matter, please ca	·	ican,
Jeremy Edelstein			561 324-0119 at ()	
	Name of	î Person	Atea Code Daytime	e Telephone Number
Enclose	ed is a check for th	ne following amount:		
<b>⊠</b> \$25	5.00 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

Four Corners Imports, LLC						
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our record Liability Company)	<u>ds.</u> )				
The Articles of Organization for this Limited Liability Company	were filed on May 16, 2018		and ass	igned		
Florida document number L18000123478						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited lial	bility company here:					
Four Corners, LLC						
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC	C" or the abbrevi	ation "l	L.C."		
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRESS)			رم_			
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Enter new mailing address, if applicable:			၂ သေ			
(Mailing address MAY BE A POST OFFICE BOX)		<u>-</u>	<u> </u>	:		
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B. If amending the registered agent and/or registered of	office address on our record	ls, enter the	name	of the ne		
registered agent and/or the new registered office address he		<u>-</u>				
Name of New Registered Agent:						
New Registered Office Address:						
	Enter Florida street address					
	F	Torida				
	Cuy	7	ip 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

$\mathbf{AMBR} = \lambda$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
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affective date, if other that	n the date of fili	ina:		(4	ptiona	I)		
fan effective date is listed, the da	te must be specific a	and cannot be prior	to date of filing or	more than 90 days	after tilir	ig.) Purst	uant to 60	15.0207
Note: If the date inserted in the locument's effective date on the locument's effective date on the locument's effective date.	the Department o	f State's records.	able statutory in	ng requirements	, tills Ga	te wiii ii	ioi oc iis	acu as
e record specifies a del The 90th day after the			t an effective	time, at 12:0	)1 a.m	i. on th	ne earl	ier o
Dated		2018						
/mcu		- <u>;</u>	<u> </u>					

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Filing Fee: \$25.00

Typed or printed name of signee