## 118000126934

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SECRETARY OF SHALENS DIVISION OF CORPORATIONS

N COOPER JUN 1 2 2018

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT: P	Comise Prince	iples LLC	
	Name of Lim	ned Clability Company	
	Amendment and fee(s) are sub		
Please return all correspondence	ondence concerning this matter	to the following:	
	Maclon 13	Name of Person	
	Promise Pr	Firm/Company	. <u> </u>
	11245 Sav	annal Landing	Circle
		City/State and Zip Code	
	maclos brow E-mail address: (	n 63 @ y ahu Co r to be used for future annual report notifi	cation)
For further information	concerning this matter, please co	all:	
Mane o	Brown of Person	at ( <u>404)</u> <u>310 - 3</u> Area Code Daytime	500  Telephone Number
Enclosed is a check for t	he 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:

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

Promise Pr	inciples LLC	
( <u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our reco orida Limited Liability Company)	<u>ords.</u> )
The Articles of Organization for this Limited Liabilit	y Company were filed on May 2	1, 2018 and assigned
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 "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	<b>B</b> . <u>√1000</u>
(Principal office address MUST BE A STREET AD	ODRESS)	<b>E</b> 28
		= 757
		<b>3</b> 200
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	)	27
B. If amending the registered agent and/or re registered agent and/or the new registered office a		rds, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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ffective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to date of filing or more than Note: If the date inserted in this block does not meet the applicable statutory filing require ocument's effective date on the Department of State's records.	90 days after filing.) Pursuant to 605,020
e record specifies a delayed effective date, but not an effective time, a The 90th day after the record is filed.	t 12:01 a.m. on the earlier o
Mad M.  Signature of a member or authorized representative of a men	
. 1	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00