L18000127957

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



300332347973

2019 JUL 25 PK 2: 01

07/25/19--01010--021 **25.00

JUL 26 2019 M. SOLOMON



, C	ACCESS,	When y	ou need ACCESS	to the worl		*
	INC.	236 East 6 7066 (32315-7066	th Avenue. Tallahassee,	Florida 32303 or (800) 969-1666. Fa	- <u>-</u>	*
			WALK IN			
	F	PICK UP:	7/25	119		
	CERTIFIED COPY	, 			<u> </u>	
Ø	РНОТОСОРУ					<u> </u>
	CUS					<u>-</u> -
\square	FILING	<u> </u>	mendme	nt		
. .	(CORPORATE NAME AND DO	GHT,	LLC			
	(CORPORATE NAME AND DO	OCUMENT #)				
-	(CORPORATE NAME AND DO	OCUMENT #)				<u> </u>
-	(CORPORATE NAME AND DO	OCUMENT #)				
-	(CORPORATE NAME AND DO	OCUMENT #)				
_	(CORPORATE NAME AND DO	OCUMENT #)			-	
ECIAL	. INSTRUCTIONS:	 	<u>-</u>			

COVER LETTER

	Registration Se Division of Cor					
CHRIC	JD WRIGHT, LLC					
SUBJEC	1:	Name of Lim	nited Liability Company			
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please ret	urn all correspo	ndence concerning this matter	to the following:			
		H. RANDOLPH KLEIN				
			Name of Person			
		KLEIN & KLEIN, LLC				
			Firm/Company			
		40 SE 11th Avenue				
			Address			
		Ocala, FL 34471				
			City/State and Zip Code			
		gw0000@aol.com				
		E-mail address: (to be used for future annual report notifi	ication)		
For furthe	r information c	oncerning this matter, please ca	all:			
Joyce He	nry		352 732-7750 at ()			
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed	is a check for th	ne following amount:				
\$25.0	0 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

	WRIGHT, LLC		
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)		
The Articles of Organization for this Limited Liability C Florida document number L18000127957	Company were filed on May 22, 2018	and assi	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ited liability company here:		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the ab	breviation "L.L	C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	RESS)	هرب به الم	<u> </u>
		<u>; </u>	<u></u>
		7. T.	. 25
Enter new mailing address, if applicable:		index.	
(Mailing address MAY BE A POST OFFICE BOX)		£ (.)	IR.
		स्य प्रा - स्टार	0
		•	
B. If amending the registered agent and/or registered agent and/or the new registered office additions.		the name o	of the nev
Name of New Registered Agent:			
New Registered Office Address:		<u>-</u> \	
	Enter Florida street address		
	, 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>	Address	Type of Action
MGR	GAIL C. WRIGHT	11185 NW 120th Street	
		Reddick, FL 32656	Add
		Reddick, FD 32030	Remove
			□ Change
			Remove
			Chan 25
			☐ Remove ♀
			☐ Remove ?? ☐ Change ☐
			□ Remove
			☐ Change
			Add
			Remove
			☐ Change
			□ Add
			□ Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attack	n additional sheets, if necessary,
	20 19 5 - 10
	- ;; is
	25
-	PH 2
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of Note: If the date inserted in this block does not meet the applicable statu document's effective date on the Department of State's records.	filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
If the record specifies a delayed effective date, but not an eff (b) The 90th day after the record is filed.	ective time, at 12:01 a.m. on the earlier of:
Dated July 25, 2019	
Signature of a member or authorized repr	esentative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00