## L1800132690

| (Re                     | equestor's Name)   |           |
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| (Cit                    | ty/State/Zip/Phone | e #)      |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bu                     | isiness Entity Nan | ne)       |
| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
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## **COVER LETTER**

| Division of Corporations  |  |
|---|--|
| SUBJECT: L.A. DISASTER RELIEF, LLC.  Name of Limited Liability Company  |  |
| The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  |  |
| VYLE ADAMS  Name of Person  |  |
| L.A. DISASTER BELIEF, LLC.  |  |
| 881 S.R. 20, SUITE   Address  |  |
| INTERLACHEN, FL 32148  City/State and Zip Code  |  |
| LADISASTERRELIEF 1 @ GMAIL. COM E-mail address: (to be used for future annual report notification)  |  |
| For further information concerning this matter, please call:  |  |
| Name of Person at (217) 823 - 641 Area Code Daytime Telephone Number  |  |
| Enclosed is a check for the following amount:   |  |
| \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certified to of Status \$\Bigcup \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) |  |

MAILING ADDRESS:

TO:

Registration Section

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

| (Name of the Limited Liability Compa<br>(A Florida Limited  | ny as it now appears<br>Liability Company) | on our records.)  |                          |
|---|--|---|--------------------------|
| The Articles of Organization for this Limited Liability Company Florida document number L18000132690.   | were filed on 💋                            | 5/25/20/8 and ass   | igned                    |
| This amendment is submitted to amend the following:   |  |   |                          |
| A. If amending name, enter the new name of the limited liab   | ility company her                          | r <u>e</u> :  |                          |
| The new name must be distinguishable and contain the words "Limited Liabi   | lity Company," the de                      | signation "LLC" or the abbreviation "L.                               | I.C."                    |
| Enter new principal offices address, if applicable:   |  | <b></b>   | 9                        |
| (Principal office address MUST BE A STREET ADDRESS)   |  | 8-  | SEC                      |
|   |  | G   | 조류                       |
|   | <del>.</del>                               | 0   |                          |
| n   |  | A TK  | 3250                     |
| Enter new mailing address, if applicable:   |  | <u> </u>  | <del>- 등:-</del><br>>::- |
| (Mailing address MAY BE A POST OFFICE BOX)  |  | <u>N</u>  | <u> </u>                 |
|   |  |   | <del>- ^</del> -         |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent:  New Registered Office Address:   |  | our records, enter the name   | of the r                 |
|   | Enter Florid                               | da street address   |                          |
| <u></u>   |  | , Florida   |                          |
|   | City                                       | Zip Code  |                          |
| New Registered Agent's Signature, if changing Registered Agent:   |  |   |                          |
| I hereby accept the appointment as registered agent and agre<br>provisions of all statutes relative to the proper and complete<br>accept the obligations of my position as registered agent as p<br>being filed to merely reflect a change in the registered office | performance of n<br>provided for in Cl     | ny duties, and I am familiar wit<br>hapter 605, F.S. Or, if this docu | h and<br>ment is         |

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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>     | Address               | Type of Action |
|-------|-----------------|-----------------------|----------------|
| AMBR  | MARY F. WHITLEY | 122 ARDEN AUE         |                |
|       | ,               | INTERLACHEN, FL 32148 | Remove         |
|       |                 |                       | Change         |
|       |                 |                       | Add            |
|       |                 |                       | □ Remove       |
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| Effective date, if other than the date of filing:  | (optional)   | D                       | / DE 030     |
| (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more the Note: If the date inserted in this block does not meet the applicable statutory filing reconductment's effective date on the Department of State's records. | nan 90 days after filing.):<br>quirements, this date w | rursuani to rill not be | listed a     |
| the record specifies a delayed effective date, but not an effective time  ) The 90th day after the record is filed.  | e, at 12:01 a.m. o                                     | n the ea                | rdier (      |
| Dated <u>08/07/2018</u> ,  |  |                         |              |
|  |  |                         |              |

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Filing Fee: \$25.00