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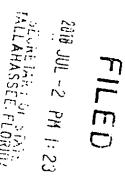
(Requestor's Name)	
(Address)	-
(Address)	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	

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COVER LETTER

	Registration Sect Division of Corpo			
SUBJEC	T:	0780 Name of Limi	ted Liability Company	
The enclo	osed Articles of A	mendment and fee(s) are subi	nitted for filing.	
Please ret	urn all correspond	dence concerning this matter t	to the following:	
		Ronn	at (470) 733 - 920) Area Code Daytime Telephone Number mount: Filing Fee & \$\square\$\$\$\$ \$55.00 Filing Fee & \$\square\$	
			780 LLC Firm/Company	
			Address	
		Gainesville	, FC 32608	
		r+w	City/State and Zip Code City/State and Zip Code Note: The control of the control of the code of the	cation)
For furthe	er information cor	acerning this matter, please ca	·	•••••
Ron	nell Mi	Person	at (470) 733 Area Code Daytime	- 9201 Telephone Number
Enclosed	is a check for the	following amount:		
À \$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

078	30 LLC
(Name of the Limited	Liability Company as it now appears on our records.) A Florida Limited Liability Company)
Florida document number <u>L 18000134</u> °.	
This amendment is submitted to amend the follow	/ing:
A. If amending name, enter the new name of the first state of the new name must be distinguishable and contain the work.	he limited liability company here: LLC ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:
(Principal office address MUST BE A STREET	ADDRESS)
(Mailing address MAY BE A POST OFFICE Be B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	r registered office address on our records, enter the name of the new
	
New Registered Office Address:	Enter Florida street address Florida
	City Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent:
provisions of all statutes relative to the proper accept the obligations of my position as registe	agent and agree to act in this capacity. I further agree to comply with the and complete performance of my duties, and I am familian with and ered agent as provided for in Chapter 605, F.S. Or, if this document is gistered office address. I hereby confirm that the limited liability hange.

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 = M $AMBR = A$	Aanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
		 	
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If an effective date is listed. Note: If the date inserte	er than the date of filid the date must be specific at the date must be specific at the does not be does not be department o	and cannot be prior to t meet the applical			nal) iling.) Pursuant to 6	
	a delayed effective er the record is filed		an effective tir	me, at 12:01 a.	m. on the ear	rlier of
Dated		·	75#	>		
		()	/////			
		a member or author	1zed representative of	f a member		

Page 3 of 3

Filing Fee: \$25.00