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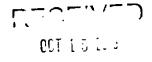
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SECRETARY OF STATE

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COVER LETTER

Division of Corp	oorations		
. 5 a t e 5 e e c 2 1/e1	ACOLA I, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	TIMUR RAKHMATOV		
		Name of Person	
	TFR & COMPANY, INC		
		Firm/Company	
	3406 FLAGLER AVENU	E	
		Address	
	KEY WEST, FL 33040		
	- · · · ·	City/State and Zip Code	
	TIMUR@TFRANDCOMP		
	E-mail address: (to be used for future annual report notifi	cation)
For further information co	ncerning this matter, please ca	all:	
TIMUR RAKHMATOV		850 356-9833 at()	
Name of	Person		Telephone Number
Enclosed is a check for the	e 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

TO:

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

FILED

2018 OCT 15 AM 10: 36

2018 PENSACOLA I, LLC

SELLE PART OF STATE

(Name of the Limited Liability Company as it now appears on our records) AHASSEE, FL

The Articles of Organization for this Limited Liability Compa	ny were filed on	and assigned
Florida document number L18000140097		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li-	ability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	ida Zip Code
	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 add or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Р	CHIA YING TSAI	9708 SHADOW WOOD DR	
		PENSACOLA, FL 32514	■ Remove
			Change
P JEFFREY MORTON	JEFFREY MORTON	5604 5TH COURT SOUTH	 Add
		BIRMINGHAM, AL 35212	□ Remove
			Change
			Remove
		-	Change
			☐ Remove
			☐ Change
		 	Add
		Remove	
		Change	
			☐ Remove
			Change

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(lf an et	tive date, if other than the date of filing: (optional) [The date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
f the re b) The	cord specifies a delaye <u>d effective date, but not an effective time, at 12:01 a.m. on the earlier of:</u> 90th day after the record is filed.
Dated	
	Again the second
	Signature of a member or authorized representative of a member
	TIMUD DARIBATON
	TIMUR RAKHMATOV
	Typed or printed name of signee

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00