L18000/40/61

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

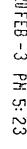
Office Use Only

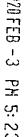


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S TALLENT WAR 02 2020





COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: <u>SC</u>	HUCKERS, Name of Lim	Lited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub	omitted for filing.	
Please return ali correspon	dence concerning this matter	to the following:	
	Cindy S	Name of Person	
		Firm/Company	
	7955 B	abcock St SE	=
	Palm Ba	Jity/State and Zip Code	2909
	F-mal address: (6726 amail to be used for furture annual report notifi	· COYY)
For further information co	ncerning this matter, please c	all:	
Cindy Sch Name of	uckers Person	at (<u>321</u>) <u>693</u> Area Code Daytime	- 4255 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 Addrage		Street Adday	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SCHUCKEPS LL	C		
(Name of the Limited Liabili (A Florida	ty Company as it now appears on a Limited Liability Company	our records.)	
The Articles of Organization for this Limited Liability C		ue Loth, 2018 an	nd assigned
is amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." er new principal offices address, if applicable: ncipal office address MUST BE A STREET ADDRESS) er new mailing address, if applicable: illing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida			
A. If amending name, enter the new name of the lim	ited liability company here:		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the design	ation "ELC" or the abbreviati	on "L.L.C."
Enter new principal offices address, if applicable:		· <u>·</u> ··································	· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDI	RESS)		2021
			ω,
Enter new mailing address, if applicable:			ω .
(Mailing address MAY BE A POST OFFICE BOX)			—
			<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our recor	ds, <u>enter the name of th</u>	ie new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida st	treet address	
	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>Titte</u>	<u>Name</u>	Address	Type of Action
AMBR	Cindy Schuckers	7955 Babcock St SE Palm Bay, F1 32909	🗆 Add
	O		□Remove
		75% interest in LLC	G hange
AMBR	Gerald Schuckers	75% interest in LLC 7955 Babcock StSE Palm Bay, Fl 3290	9 _ 🗆 Add
			Петюче
			[W hange
			□Add
			(TRemove
			🛘 Change
		· · · · · · · · · · · · · · · · · · ·	□Remove
			🗆 🖊 🗀 🖊 dđ
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change

\overline{C}	Inly an	ending	Cindy	à Gerald	from	
	MGR	to	HBR			
<u> </u>						
If an effectiv <u>Note:</u> If t	ve date is listed, the the date inserted in	date must be spe i this block doe	of filing: cific and cannot be pri es not meet the appl ent of State's record	or to date of filing or more icable statutory filing to	(optional) than 90 days after filing.) Pursuant to 605.02 equirements, this date will not be listed	.67 () as tl
ne record The 90	d specifies a d Oth day after t	elayed effec he record is	ctive date, but r filed.	not an effective tin	ne, at 12:01 a.m. on the earlier	of:
Dated V	lanuary Clud	الأمكم المديدا	2021 UCKers	<u> </u>		
	Cin	Signan	huckos	thorized representative of	a member	

Page 3 of 3

Filing Fee: \$25.00