## 11800142059

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





400314542554

05/18/18--01017--018 \*\*55.09

DIVISION OF CHERCEATION

18 JUN 18 PM 2: 01

N COOPER JUN 19 2018

## **COVER LETTER**

TO:	Registration Se Division of Cor			
e110 112	WILLASH	PROPERTIES LLC		
SUBJE	La I i	H PROPERTIES LLC Name of Limi	ted Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	nitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		WILLIAM S LIGHTFOOT		
		<del></del>	Name of Person	<del></del>
		WILLASH PROPERTIES	SLLC	
			Firm/Company	
		10313 BELFRY CIRCLE		
			Address	
		ORLANDO FL 32832		
		RBJINX161@AOL.COM	City/State and Zip Code	
		<del>-</del>	o be used for future annual report notifi	ication)
For furt	her information e	oneerning this matter, please ca	ill:	
WILLIA	M S LIGHTFO	тс	407 630-6498	
	Name o	f Person	at 11	Telephone Number
Enclosed	d is a check for th	ne 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)
	MAII	INC ADDRESS:	STREET/COURH	ER ADDRESS:

Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WILLASH PROPERTIES LLC					
(Name of the Limited	l Liability Compa À Florida Limited I	ny as it now appears hability Company)	on our records.)		
The Articles of Organization for this Limited Lia Florida document number L18000142059		were filed on 6/8/	18	and assign	ied
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of t	the limited liab	ility company hei	<u>'e</u> :		
The new name must be distinguishable and contain the wo	rds "Limited Liabil	lity Company," the de	signation "I,I,C" or the a	bbreviation "L.L.C	. **
Enter new principal offices address, if applical	ble:				<u> </u>
(Principal office address MUST BE A STREET				<b>7</b>	<u>≾.</u>
(17mC)m opper marcos sector res (1 viiiss)			<u>-</u> -	NO.	- 50 - 50 - 50 - 50
					-21
				89	
Enter new mailing address, if applicable:				<u>z</u>	<u>- 675</u> 5
(Mailing address MAY BE A POST OFFICE B	3 <i>0X)</i>			<u>'</u>	
					_ <del></del>
B. If amending the registered agent and/o			our records, enter	the name of	the nev
registered agent and/or the new registered offi	ice address her	<u>c</u> :			
Name of New Registered Agent:					
New Registered Office Address:				<del></del>	
		Enter Flori	da 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>	<u>Address</u>	Type of Action
AP	SHARON LIGHTFOOT	10313 BELFRY CIRCLE	
		ORLANDO FL 32832	■ Remove
		<del>_</del>	Change
AMBR	WILLIAM S LIGHTFOOT	10313 BELFRY CIRCLE	
		ORLANDO FL 32832	Remove
			■ Change
AMBR	ASHLYN D LIGHTFOOT	10313 BELFRY CIRCLE	
		ORLANDO FL 32832	□ Remove
			☐ Change
			□ Remove
			☐ Change
			Add
			☐ Remove
			Change
			□ Remove
			☐ Change

		. =		
		·		
<del></del>				
				<u> </u>
				<del></del>
				<u>o</u> _ ş
fective date, if other than t neffective date is listed, the date is	ne date of filing:	1	(option	al)
<u>ste:</u> If the date inserted in this	block does not meet the a	pplicable statutory fi	ing requirements, this d	ate will not be listed a
cument's effective date on the	Department of State's rec	ords.		
record specifies a delay	ed offactive date by	t not an effective	etime at 12·01 a.r	n, on the earlier (
The 90th day after the r		chot an enective	. time, at 12.01 d.i	on the comer s
16 18 17 15	2018			
JUNE 15	<del></del>			
himes	1/			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00