## 11800) 152253

(R	equestor's Name)	
(A	(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  [PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  entified Copies Certificates of Status  Especial Instructions to Filing Officer:	
(A	ddress)	<u>-</u>
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
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DIVISION OF CORPORATIONS

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## **COVER LETTER**

O: Registration Section Division of Corporations
UBJECT:
he enclosed Articles of Amendment and fee(s) are submitted for filing.
lease return all correspondence concerning this matter to the following:
Name of Person
Firm/Company
609 Brightwood Aug
E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Name of Person  Area Code  Daytime Telephone Number
nclosed is a check for the following amount:
S25.00 Filing Fee Certificate of Status S55.00 Filing Fee Certified Copy (additional copy is enclosed)  S55.00 Filing Fee Certified Copy (additional copy is enclosed)  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

(Name of the Limited Liability Compar (A Florida Limited L	or le (Conning	records.)
The Articles of Organization for this Limited Liability Company Florida document number		21/18 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		SECHE DIVISION
Enter new mailing address, if applicable:		ZO AM IO
(Mailing address MAY BE A POST OFFICE BOX)		7 Allers
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here  Name of New Registered Agent:		records, enter the name of the nev
New Registered Office Address:	Enter Florida stree	t address
		, Florida
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as public being filed to merely reflect a change in the registered office of the complete acceptance.	performance of my du provided for in Chapter	ties, and I am familiar with and cooks, F.S. Or, if this document is

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

<u>Title</u>	Name	Address	Type of Action
AR	Kristina Perki	ns 609 Brightweed A	<u>√ℓ</u> □ Add
		orange City, FL 327	Remove
			Change
			🗆 Remove
		<del></del>	Change
			□ Add
			Remove
			Change
			Add
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			Change
	<del></del>		Add
			□ Remove
			Change
	<del></del>		Add
			☐ Remove
			□ Change

-	Please Keep Kyle Perkins on	
	there as MGR. No change to him.	
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		<u>.                                    </u>
an cfi ote:	ive date, if other than the date of filing:	605.020 listed a
	cord specifies a delayed effective date, but not an effective time, at $\overline{12:01}$ a.m. on the early 90th day after the record is filed.	arlier o
ated	8/16/18. Kj/ff	
	Signature of a member or authorized representative of a member	_
	· /	

Page 3 of 3

Filing Fee: \$25.00