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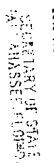
(Requestor	s Name)
(Address)	
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(City/State/2	Zip/Phone #)
PICK-UP	WAIT MAIL
(Business E	Intity Name)
(Document	Number)
Certified Copies Ce	ertificates of Status
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M. MILLIGAN AUG 3 1 2018

COVER LETTER

TO: Registration So Division of Cor			
SUBJECT: X		ANT SR ited Liability Company	TLLC
The enclosed Articles of	Amendment and fee(s) are sub	muted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	x Chad	Standison Name of Person	en T
	4/1 N	Andonson D Address City State and Zip Code	7~
		City. State and Zip Code	
For further information c	oncerning this matter, please ca	all:	
Name o	f Person	at ()	Telephone Number
Enclosed is a check for the	he 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	IVC ARRIDGE.	ofde prizambh	2h AKKDESS

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

X STURDIUM	NT	SRI	LLC	<u> </u>	2818 AUG 31
(Name of the Limited Liabilit	ty Company:	is it now appears ility Company)	on our records.)		NG.
The Articles of Organization for this Limited Liability Co. Florida document number <u>L 1800016 30</u> 2	Company we	re filed on 👤	7/5/2	oll and assigned	
This amendment is submitted to amend the following:				•	
A. If amending name, enter the new name of the limi	ited liability	y company her	<u>re</u> :		~ -
The new name must be distinguishable and contain the words "Limi	ited Liability (Company," the de	signation "LEC" or t	he abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	_				
(Principal office address MUST BE A STREET ADDR	<u>(ESS)</u>				
	_			**************************************	
Enter new mailing address, if applicable:	_				
(Mailing address MAY BE A POST OFFICE BOX)	_				
	-				
B. If amending the registered agent and/or registered agent and/or the new registered office additional agent.		e address on	our records, <u>er</u>	nter the name of t	he new
Name of New Registered Agent:					
New Registered Office Address:		Enter Flore	la street address		
			Florid	a	
		City		Zıp 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

Title	Name	Address	Type of Action
AMBR ABR	Chad Sturdisont	411 N Anderson Or	, Add
		Address 4/1 N Anderson Or Burne 1 FC 32110	🗆 Remove
			Change
	·		
			Remove
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an effectiv <u>ote:</u> If th	date, if other than the edate is listed, the date mus he date inserted in this blos effective date on the De	a be specific and ca ock does not mee	mnot be prior to d et the applicable			filing.) Pursuant to	
	specifies a delayed th day after the rec	ord is filed.	e, but not a	n effective tim	e, at 12:01 a	.m. on the ea	arlier of:
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ated	Ch	Signature of a mer	moer or authorize	the representative of the difference of signee	n minber	ww	200 AUG 3

Page 3 of 3

Filing Fee: \$25.00