118000181477

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

Office Use Only



500319767025

10/18/18--01029--023 **25.00

TALLANASSES ELOSINASSES ELOSIN

OCT 2 9 2018 S. YOUNG

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com	pany as it now appears on our recorded Lubility Company)	<u>v.)</u>
7A Florida Limite	d Liability Company)	_
The Articles of Organization for this Limited Liability Compar	www.ere filed on	and assigned
Florida document number $\frac{1.18000181477}{1.18000181477}$.		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC	
Enter new principal offices address, if applicable:		17.55 18
Principal office address MUST BE A STREET ADDRESS)		25 C
		SE
Enter new mailing address, if applicable:		四日
Mailing address MAY BE A POST OFFICE BOX)		92. 0
Priming unaress MAT BE AT OUT OFFICE DOOR		Sr. &
		<u> </u>
B. If amending the registered agent and/or registered		s. enter the name of th
registered agent and/or the new registered office address he	<u>ere</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	<u>, </u>
		orida
	Cin	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>	Name	Address	Type of Action
MGR	Jamie Armstrong		
			Remove
			Add
			SELVET OCT
			OCT DE DAME TO SEEL, FLORIDA
			ORIUM Remove
			Change
		□ Remove	
			Change
 			
			Remove
			☐ Change
			D Add
			□ Remove
			□ Chance

His legal name is James M	Armstrong.	
		
	· · · · · · · · · · · · · · · · · · ·	
		ALS 6
		PART
		ASS 18
_		The state of the s
		NIDA NICE
ctive date, if other than th		(optional)
\underline{z} If the date inserted in this b	ist be specific and cannot be prior to date of I block does not meet the applicable statul Department of State's records.	iling or more than 90 days after filing.) Pursuant to 605 fory filing requirements, this date will not be list
ecord specifies a delaye e 90th day after the re		ective time, at 12:01 a.m. on the earlie
October 15 d	. 2018	
, 0 , 1	(New il	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00