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DIVISION OF CORE TELEVIEW

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OCT 02 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Eighty Sixty Six Holdings 44C.
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
George Dudziec Name of Person
Eighty Sixty Six Holdings UC
2881 Canyon Falls Dr. Address
Jacksonville FL 32224 City/State and Zip Code
BO66 Holdings @ amail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
George Dudziec at (954) 675-0003 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
© \$25.00 Filing Fee

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 Company as it now appears on our records (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on	s.) and assigned
The Articles of Organization for this Limited Liability Company were filed on $-\mathcal{R}/\mathcal{I}/\mathcal{I}\mathcal{R}$	and assigned
	and assigned
Florida document number <u>L/8000185073</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC"	" or the abbreviation "L.LLC."
Enter new principal offices address, if applicable:	- State
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	8 25.
	3 (1)
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records registered agent and/or the new registered office address here:	, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	•
	orida
City	Zip Code

New Registered Agent's Signature, it 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>	Address	Type of Action
AMBR E MGR	George Dudziec	2881 Canyon Falls Dr Jacksonville, FL 32224	DAdd
4 MGR	J	Jacksonville, FL 32224	Remove
			Change
			Add
			Remove
			Change
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N/H			
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ote: If the date inserted in the	the date of filing: must be specific and cannot be prior to date is block does not meet the applicable are Department of State's records.	e of filing or more than 90 days after	
record specifies a del The 90th day after the	eyed effective date, but not an record is filed.	effective time, at 12:01	a.m. on the earlier o
	- 25th. 2018.		
	Signature of a member or authorized	Tepresentative of a member	
	orge Dudziec Typed or printed nar		

Page 3 of 3

Filing Fee: \$25.00