## 000186213

(Re	questor's Name)	
(Ad	dress)	
	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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## **COVER LETTER**

TO: Registration S Division of Co		I	Filing cancelled
cunings.	On Flack 11	<sub>c</sub>	due to returned check
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	- Andor:	Name of Person	
	<del></del> .	Firm/Company	
	25(08 8	Sw Monterney Address	La
	Port S	A Lucio To City/State and Zip Code	34953
	E-mail address: (	to be used for future annual report n	otification)
For further information (	concerning this matter, please ca	ill:	
And U.Son Name	of Person	at ( <u>CSU</u> ) <u>84</u> , Area Code Days	2 - 55 7 0 time Telephone Number
Enclosed is a check for t	the following amount:	, <del></del> -	<del></del> -
\$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)
	LING ADDRESS:	STREET/COU	RIER 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** 

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On Flick LCC	due to returned chec
(Name of the Limited Liability Company as it now appears on o (A Florida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Company were filed on	$\frac{3}{18}$ and assigned
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 designa	
Enter new principal offices address, if applicable:	8 //SEC
(Principal office address MUST BE A STREET ADDRESS)	Company as it now appears on our records.)  Impany were filed on
	<u>ω</u>
	<b>P</b>
Enter new mailing address, if applicable:	2: C
(Mailing address MAY BE A POST OFFICE BOX)	8 5:
B. If amending the registered agent and/or registered office address on our registered agent and/or the new registered office address here:	records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:  Enter Florida str	eet address
	Florida
·	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 capace provisions of all statutes relative to the proper and complete performance of my decept the obligations of my position as registered agent as provided for in Chapt being filed to merely reflect a change in the registered office address, I hereby concompany has been notified in writing of this change.	uties, and I am familiar with and er 605, F.S. Or, if this document is

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	Kia-Alaja white	257.68 Sw Monterrey Ln	Add
		Part Stlucia Fr 34953	Remove
			Change
AMBR	Anderson Paul	2528 Sw Monterrey Ln	
	Filing cancelled	Port St Lucio Fr 3495:	3_□ Remove
	due to returned check		Change
			Add
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	ယ ————————————————————————————————————	800 887 887
	P# 2:	PORA
	36	_ Tiox:
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Iffective date, if other than the date of filing:		
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m The 90th day after the record is filed.	on the ear	lier o
Signature of a member or authorized representative of a member		
Anderson Poul Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00