L18000187144

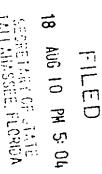
(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



200316638992

08/10/18--01008--014 **25.00



NS 1 7018

COVER LETTER

TO: Registration Sec Division of Corp			
subject: <u>Au</u>	gust Roads Name of Lim	LLC ited Liability Company	
	Amendment and fee(s) are sub- indence concerning this matter	-	
	Ty	Nielson Name of Person	
	Augus	1 Roade LCC Firm/Company	
	3806	Exeter lan	<u> </u>
	Lakelo	and, FL 3	338/0
	Augus- E-mail address: (1	City/State and Zip Code Hraads 2-6 @ 9 V to be used for future annual report notif	nail. (on ication)
ſ	oncerning this matter, please co		3154
Name of	Person	$\frac{1}{\text{Area Code}} \frac{(678)}{\text{Saytime}}$: Telephone Number
Enclosed is a check for the	e 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)
MAJI I	NC ADDRESS:	STREET/COURT	FR ADDRESS:

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

August Ro	sads	((C		
(Name of the Limited Liability Co (A Florida Lim	ompany as it i nited Liability	now appear Company)	s on our reco	rds.)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>W 180000 69 882</u> .	pany were fi	led on	August	1, 2018	_ and assigned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	liability co	mpany he	<u>re</u> :		
The new name must be distinguishable and contain the words "Limited I	Liability Comp	pany," the d	esignation "LL	.C" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS	<u>S)</u>	_			
				五名	18
Enter new mailing address, if applicable:					# Ti
(Mailing address MAY BE A POST OFFICE BOX)				ر دری در دری	5
					0 m
B. If amending the registered agent and/or registere	ad affice as	ldware am		ت. الب رد. المقاسموسم ما	· 글 □
registered agent and/or the new registered office address	here:	iuress on	our record	us, enter Apr	e nature or the ne
Name of New Registered Agent:					
N. D. Janes Coffee Address					
New Registered Office Address:		Enter Flor	ida street addr	ess	
			, F	lorida	Zip Code
-	City				Zip Code
New Registered Agent's Signature, if changing Registered Ag	<u>zent:</u>				
hereby accept the appointment as registered agent and	agree to ac	t in this c	apacity. I f	iirther agree	to comply with the

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
			Add
			Remove
			Change
			SG Add THE SECOND TO THE SECO
			TO Mango
			☐ Remove
•			
			D Add
			□ Remove
			Change
			Add
			□ Remove
			Change

	ng any other info			_			-		
. 1)	Misspe	lled n	ame	. To	mothy	Mi	ller	shou	10_
k	Misspe e cha	nged/	Drre	cted	<i>to</i>	Tin	othu	Mil	ler
Al	other	detai	15	rema	in the	le 5	ame.		
<u> </u>			-	-		=.			
2)	Miller	Anni	و	sho	ind	be	Cha	nged	to
	Miller Fnnie	Miller	•	The	nan	ris –	san	e hon)
	ot fli	noed.						·	
	<u> </u>	(+				•			
	•• .								
	THAN	V VC	<u> </u>		ΛΛ	uch	1,		
	()) / ()	<u> </u>							
					<u> </u>			三层	ಹ
								#155 10 10	
									0 [
	. <u>-</u>							50	골 C -81-
								AGE THE	
fective d	ate, if other that	n the date of te must be specif	filing: _	not be prior to	date of filing o	or more than	(optio	onal) filing.) Pursus	int to 605.02
ote: If th	e date inserted in t effective date on	his block does	not mee	the applicab					
		·							
	specifies a del h day after the	-		e, but not a	an effectiv	e time, a	at 12:01 a	ı.m. on th	e earlier
ited	lugust		· _	2018	· •				
		Ω	<u> </u>	<u>,</u>					
-		Signature	of a men	ber or authoria	red representa	tive of a me	mber		
				ie/sor					

Page 3 of 3

Filing Fee: \$25.00