	Lipenya iang dong badaa kati noba iska bina bina bika bika bina bina bina bina bina bina
(Requestor's Name)	
(Address)	900318696
(Address)	
(City/State/Zip/Phone #)	
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(Business Entity Name)	09/26/1801025
(Document Number)	
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COVER LETTER

I'O: Registration Section Division of Corpo			
SUBJECT: Filme.	SS 4 You LLC	ted Liability Company	
The enclosed Articles of An	nendment and fee(s) are subm	nitted for filing.	
Please return all correspond	ence concerning this matter t	to the following:	
	Steven & Mad	Name of Person	
	TITNUS 4 /	Firm/Company	
	205 Ballac	i Kd. Address	
	Aven Pack, 1	C(33825 City/State and Zip Code	
		City/State and Zip Code u 2 + C G m A (. C = n = n) to be used for future annual report notific	
For further information con	cerning this matter, please or	•	
Street Manie of F	ry Grson	at (S&S) 813 - 33 Area Code Daytine	32 5* Telephone Number
Enclosed is a check for the	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)

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

1 phress 4 You, LL	(' ility Company as it now appears on our records.)
(Name of the Limited Liab (A Flori	da Limited Liability Company)
The Articles of Organization for this Limited Liability Torida document number	Company were filed on <u>August 6, 2018</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lit	mited liability company here:
he new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADL	DRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX	
	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office ac	gistered office address on our records, <u>enter the name of the ne</u> idress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida

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>	<u>Name</u>	Address	Type of Action
member	Steven R. Blading	345 Duction Aux Sching Ft 35876	2_□ Add
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effective da e: If the d	and the second release to the second	he dute of filing must be specific and block does not m	: Septemb. cumot be prior to neet the applicab	17, 2018	option (option	i al) ling.) Pursuant to 605.0 late will not be listed
ecord sp ne 90th	pecifies a delay day after the r	red effective d ecord is filed.	ate, but not	an effective tin	ne, at 12:01 a.	m. on the earlie
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Page 3 of 3

Filing Fee: \$25.00