## 118000203165

(Re	equestor's Name)	
(Ad	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
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## **COVER LETTER**

	egistration Se ivision of Cor		•	
CUD IECT	Ruth E. Do			
SUBJECT	·		ited Liability Company	
The enclos	sed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		Ruth E. Downer		
			Name of Person	<u> </u>
		Ruth E. Downer, P.A.		
			Firm/Company	
		185 Citrus Tree Lane		
			Address	
		Longwood, FL 32750		
			City/State and Zip Code	
		rdowner@cfl.rr.com		
		E-mail address: ()	to be used for future annual report notifi	ication)
For further	information c	oncerning this matter, please ca	all:	
Ruth E. D	owner		386 860-1616 at ()	
	Name o	l'Person	Area Code Daytime	Telephone Number
Enclosed i	s a check for th	ne 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

Ruth E. Downer		
( <u>Name of the Limited Li</u> (A F	ability Company as it now appears on our re orida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liabili		and assigned
Porida document number L18000203165	_ <u></u> .	
his amendment is submitted to amend the followin		,
a. If amending name, <u>enter the new name of the</u>	limited liability company here:	
N/A		<del>v</del> o
he new name must be distinguishable and contain the words	"Limited Liability Company," the designation	"LLC" or the abbreviation "L,L,C."
Enter new principal offices address, if applicable	. N/A	20 F.
Principal office address MUST BE A STREET AL	DDRESS)	
	<u>.</u>	
		. 30
inter new mailing address, if applicable:	N/A	
Mailing address MAY BE A POST OFFICE BOX	0	
	-	
3. If amending the registered agent and/or r		ords, enter the name of the
egistered agent and/or the new registered office	address here:	
Name of New Registered Agent: N	/A	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida street a	ddress
		. Florida
	City	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, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Ruth E. Downer	185 Citrus Tree Lane Longwood, FL 32750	Add
			Remove
		<del></del>	Change
			☐ Add عن المسلمة
			Remove
			Change
			☐ Remove
			□ Change
	· · · · · · · · · · · · · · · · · · ·		D Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
			Change
		<del></del>	Add
			☐ Remove
			Change

	my name as Member-Manager for this single-member LLC, which is	being corrected in this
	amendment.	, in
	<del> </del>	
		÷
		5.
		2/
		7
	<del> </del>	
Fffec	N/A ctive date, if other than the date of filing:	(optional)
lfan e	effective date is listed, the date must be specific and cannot be prior to date of filing. If the date inserted in this block does not meet the applicable statutory	ng or more than 90 days after filing.) Pursuant to 605.020
	ment's effective date on the Department of State's records.	y ming requirements, this date will not be fisted as
		11 At 12 At 12 At 13 At 14
	ecord specifies a delayed effective date, but not an effect se 90th day after the record is filed.	tive time, at 12:01 a.m. on the earlier o
	November 19. 2018	
Date	d Signature of a member or authorized represent	
	$\langle \langle \rangle \rangle + \langle \rangle \langle \rangle \langle \rangle \rangle = 0$	

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Typed or printed name of signee

Filing Fee: \$25.00