118000204522

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

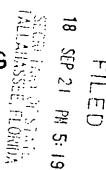
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COVER LETTER

	ion Section of Corporations		
endirer.	Dick SHIRE Lite Name of Lim	When LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Artic	les of Amendment and fee(s) are sub	mitted for filing.	
Please return all co	rrespondence concerning this matter	to the following:	
		Name of Person A 1 C A	<u> </u>
		Address	
		City/State and Zip Code (2: 17:15 / 15:17) to be used for future annual report notifi	E31675
For further informa	tion concerning this matter, please ca		7: 19 7: 19 7: 19
VICLIA B	ARRIGER lame of Person	at (Si3) Le 177 - Area Code Daytime	703.5 Telephone Number
Enclosed is a check	t for the following amount:		
₹0 \$25.00 Filing I	Gee \$\frac{\alpha}{\sqrt{\$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)
} ! }	AAILING ADDRESS: Registration Section Division of Corporations O. Box 6327 'allahassee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen	tions

Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

JUNSIHINE LA	AVENDER LL	. C	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our rec ability Company)	cords.)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L13000204522</u> .	vere filed on <u>28 Au</u>	८ २०१४ and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	ity company here:		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "l	LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		<u>∓</u>	
(Principal office address MUST BE A STREET ADDRESS)		FILLI SEP 21 CALLANASSI	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	·	9	
B. If amending the registered agent and/or registered office address here:		ords, <u>enter the name of the new</u>	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
New Registered Agent's Signature, if changing Registered Agent:	Ciry	Zip Coae	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties covided for in Chapter 60	, and I am familiar with and 05, F.S. Or, if this document is	

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:.

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	VIOLA BARRIGER	11102 STONE BRANCH RIVERVIEW, FL 33569	De to Add
		RIVERVIEW, FL 33569	Remove
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(If an el Note:	tive date, if other than the date of filing:			
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. or e 90th day after the record is filed.	n the ea	arlier	of:
Dated	18 Sept 2018.			
	Signature of a member or authorized representative of a member		_	
	Signature of a member or authorized representative of a member			
	Typed or printed name of signee			
	Typed or printed name of signee		-	

Page 3 of 3

Filing Fee: \$25.00