

Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corpor | | | , | |
|---|--|---|--|----------|
| SUBJECT: <u>\\</u> C | DECKE LL C Name of Limi | ted Liability Company | ····- | |
| The enclosed Articles of Am | endment and fee(s) are sub- | nitted for filing. | | |
| Please return all corresponde | nce concerning this matter | to the following: | | |
| | Robe | x+ J Noe Name of Person | lke | |
| | Noel | <u>Ke LLC</u> Firm/Company | | |
| | | 26 Astral S | | |
| | Jackso | City/State and Zip Code | 32205 | |
| _ | The T+ty T E-mail address (t | BittySmith | Astma 1. am ort notification) | |
| For further information conc | | | | |
| Robert J. Name of Pe | Noethe | at (<u>404)</u> Area Code | 32205 Astan 1.am port notification) 913-3954 Daytime Telephone Number | |
| Enclosed is a check for the fo | ollowing amount: | | | |
| ₩ \$25.00 Filing Fee | 330.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose | Certificate of | Status & |

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

| Name of the Limited Liability | Company as it now appears on our rec | ords) |
|--|--|-----------------------------------|
| (A Florida Li | imited Liability Company) | <u>010.4</u> / |
| The Articles of Organization for this Limited Liability Con Florida document number L18000210695 | npany were filed on Seest 4, | 2018 and assigned |
| This amendment is submitted to amend the following: | dement is submitted to amend the following: Inding name, enter the new name of the limited liability company here: The must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." To principal offices address, if applicable: Indirect address MUST BE A STREET ADDRESS) To mailing address, if applicable: Indirect MAY BE A POST OFFICE BOX) The meding the registered agent and/or registered office address on our records, enter the name of the new | |
| A. If amending name, enter the new name of the limited | (A Florida Limited Liability Company) Limited Liability Company were filed on Society 4, 2018 and assigned 2210 645 end the following: ew name of the limited liability company here: contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." is, if applicable: A STREET ADDRESS) licable: OFFICE BOX) agent and/or registered office address on our records, enter the many of the new gistered office address here: | |
| The new name must be distinguishable and contain the words "Limited | d Liability Company," the designation "I | J.C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRES | SS) | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | <u>್ಎಕ್ಸ್ 10 peac</u> |
| B. If amending the registered agent and/or registered agent and/or the new registered office address | | |
| | | ₽ |
| Name of New Registered Agent: | - | |
| New Registered Office Address: | Enter Florida street add | lress |
| | | Florido |
| | Cirv | 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 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 Title Name Address Type of Action AMBR Leslee S Noelke 5326 Astral St. Add Jacksonville KL 32205 KRemove ☐ Change _□ Add ☐ Remove _□ Change ☐ Remove _□ Change DV 29 Remove C. FLORIDA □ Add □ Remove ☐ Change __□ Add ☐ Remove ☐ Change

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| | late, if other the | late must be specifi this block does t | ic and cannot be pri not meet the appl | or to date of filing icable statutory f | or more than 90 days | optional) safter filing.) Pursuan s, this date will not | nt to 605.0 be listed |)207 (l as t |
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| fan effective Note: If the locument's de record The 90t | seffective date or specifies a de th day after th | e record is fil | led. | | > | 01 a.m. on the | earlier | of: |

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Filing Fee: \$25.00