L18000230029

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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

	gistration Sec ision of Corp			
SUBJECT:		.DINGS, LLC		
Jobane I.		Name of Limi	ited Liability Company	
The enclosed	l Articles of /	Amendment and fee(s) are subt	mitted for filing.	
Please return	all correspor	idence concerning this matter t	to the following:	
		JAMES CORDIER		
			Name of Person	
		120 & 95 HOLDINGS, LL	C	
Firm/Company				
	1429 JUMANA LOOP			
Address				
		APOLLO BEACH, FL 33	572	
			City/State and Zip Code	
		OFFICE@OPTIONSELLEI		
		E-mail address: (t	o be used for future annual report notific	ation)
For further in	nformation co	oncerning this matter, please ca	ill:	
JAMES CO	RDIER		at () 472-5760 Area Code Daytime ^	
	Name of	Person	Area Code Daytime	Celephone Number
Enclosed is a	check for the	e following amount:		
□ \$25,00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec. 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



120-95 HOLDINGS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Co.	mpany were filed on SEPT	EMBER 27, 2018	and assigned
Florida document number L18000230029	<u>-</u> -		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here	:	
120 & 95 HOLDINGS. LLC			
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the desig	gnation "LLC" or the abbi	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u></u>		
			
Enter new mailing address, if applicable:			
• • •			
(Mailing address MAY BE A POST OFFICE BOX)	-		
	<u> </u>	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:		ur records, <u>enter t</u> l	ie name of the new
New Project Core (All)			
New Registered Office Address:	Enter Florida	street address	
		Clasida	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and conaccept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my ent as provided for in Cha	duties, and I am fai opter 605, F.S. Or, if	miliar with and this document is
	If Changing Registered Agent	Signature of New Regi	stered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde				
or removed from our records: MGR = Manager AMBR = Authorized Member		Address Address Address Address Address		
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add	
			□ Remove	
			☐ Change	
				
			Remove	
		 :	Change	
	······································			
			□ Remove	
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	here: (Attach additional sheets, if necessary.) 18 OCT 16 PH 5:
	Marie Congression Control Congression Control
tive date, if other than the date of filing:	(optional) e prior to date of filing or more than 90 days after filing.) Pursuant to 605.0.
11 the date inserted in this block does not meet the a	applicable statutory filing requirements, this date will not be listed
nent's effective date on the Department of State's re-	cords.
ecord specifies a delayed effective date, bu	ut not an effective time, at 12:01 a.m. on the earlier
e 90th day after the record is filed.	
OCTOBER 9 2018	
	//- : /

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00