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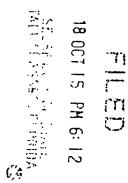
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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T SCHROEDER

COVER LETTER

	ration Sec on of Corp			
	TTITUDE	MERCH LLC		
SUBJECT: _		Name of Limi	ted Liability Company	
The enclosed A	rticles of /	Amendment and fee(s) are subt	nitted for filing.	
Please return al	l correspor	ndence concerning this matter t	to the following:	
		JOHNNY F VAZQUEZ SE	₹	
			Name of Person	
		ATTITUDE MERCH		notification) 4 ytime Telephone Number □ \$60.00 Filing Fee. Certificate of Status & Certified Copy
			Firm/Company	
		264 BERRY RD		
			Address	
		WINTER HAVEN FL. 338	380	
		ATTITUDEMERCH2018@	City/State and Zip Code PGMAIL.COM	
		E-mail address: (a	to be used for future annual report notific	ration)
For further info	rmation co	oncerning this matter, please ca	all:	
JOHNNY VAZ	ZQUEZ		863 656-6904	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a cl	heck for th	e following amount:		
■ \$25.00 Fili	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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 Limite	ed Liability Compa (A Florida Limited I	ny as it now appears on our records.) liability Company)			
The Articles of Organization for this Limited Li	ability Company	were filed on 9-28-18		and as	signed
Florida document number L18000231235	 ·				
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
he new name must be distinguishable and contain the w	ords "Limited Liabil	lity Company," the designation "LLC" o	or the abbrevi	ation "l.	1C."
Enter new principal offices address, if application	264 BERRY RD				
Principal office address MUST BE A STREE		WINTER HAVEN FL. 33880		18	
				007	T1
			', }	51	-
Enter new mailing address, if applicable:		POBOX 880935		70	TTI
Mailing address MAY BE A POST OFFICE.	<u>BOX)</u>	PORT SAINT LUCIE FL. 34988	95	<u>6</u> .	<u> </u>
			<u>. 58.</u>	1/2	
3. If amending the registered agent and/egistered agent and/or the new registered of Name of New Registered Agent:		<u>e</u> :	enter the	name	of th
	264 BERRY R	D			
New Registered Office Address:	Enter Florida street address				
	WINTER HAV	/EN Flor	ida <u>33880</u>		
		City	7	Lip 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JOHNNY F VAZQUEZ SR	264 BERRY RD WINTER HAVEN FL. 33880	
			☐ Remove
			■ Change
AMBR	FAITH LYNN VAZQUEZ	264 BERRY RD WINTER HAVEN FL. 33880	
			☐ Remove
			Change
			Change 7)
		· · ·	P 1
			Remove
			□ Add
			☐ Remove
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			Change
			
			☐ Remove
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Tective date, if other than the data offective date is listed, the date must bote: If the date inserted in this bloc	k does not me	et the applica	able statutory	or more than s	(option 0 days after forments, this	iling.) Pu	rsuant to not be	605.020 listed a:
ocument's effective date on the Dep	artment of Sta	ite's records.						
e record specifies a delayed of The 90th day after the recor	effective da d is filed.	ite, but no	t an effect	ive time, a	: 12:01 a.	m. on	the ea	arlier o
nted OCTOBER 4TH		2018	<u> </u>					
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Si	gnature of a me	ember or autho	orized represen	tative of a mep	ber			-

D.

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Page 3 of 3

Filing Fee: \$25.00