# 1180003413

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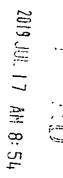
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### **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	Mark OC Name of Lim	hran Ente	.rprises
The enclosed Articles of	l'Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Mark	////	ntreviprises 1/e
	1/20 BC	,	32308
	Pi-mail address (	City/State and Zip Code  to be used for future annual report notific	ication)
Man	concerning this matter, please concerning the please conce	n at (850) 284	1-3366 Telephone Number
Enclosed is a check for t	the 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 ORCANIZATION

### ARTICLES OF ORGANIZATION OF

Wark Cock	ran Ente	2019 JUJ 18: 54
(Name of the Limited Liabil (A Florid	ity Company as it now appears on a Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability		0/05/2018 and assigned
Florida document number <u>L15 000 2<b>3</b> 4 9</u>	43	/
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi registered agent and/or the new registered office ado		r records, <u>enter the name of the no</u>
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida s.	treet address
		, Florida Zip Code
None Descriptional Assessed Street, and to the street of the street	A L & A	esp voice

#### 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 to 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

, -	Authorized Person(s) authorized to maiom our records:	nage, enter the title, name, and address of each	person being add
MGR = Mar AMBR = Aut	nager horized Member		
Title	Name	Address	Type of Action
MGRM	Simmons, James	<u> </u>	
		1720 Befrederest.	Remove
		Tullahassec, Fl.3230 Williams J. Cok	Ohange
AMIZ R	William J. Cook	Wikiams J. Cook	tā Add
		1401 Applegard dr.	□ Remove
		Tallahussee, 87.3730	∠ □ Change
			□ Remove
			Change
			D Add
			🗆 Remove
			Change
<del></del> -		<del></del>	D Add
			🖸 Remove
			Change
			Add
			Remove
			Change

(If an e Note:	tive date, if other than the date of filing:
the re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Datec	7/17/2019
	Mad Million I was
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00