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 $\mathfrak{W}_{\ell}=7$ S. PRATHER

COVER LETTER

TO:	Registration Sec Division of Corp			
CHDIE	A&A MAU	RICE FAMILY TRUST LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please r	etum all correspo	ndence concerning this matter	to the following:	
		NANCY MAURICE-HAR	EVEY	
			Name of Person	
			Firm/Company	
		PO BOX 958		
		_ _	Address	
		WINDERMERE, FL 3478	6	
		NANCYHARVEY1@GM/	City/State and Zip Code AIL.COM	
		E-mail address: (to be used for future annual report notif	ication)
For furt	her information co	oncerning this matter, please ca	all;	
NANC	Y MAURICE-HA	ARVEY	202 375-8444 at ()	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclose	ed is a check for th	ne 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)
		ING ADDRESS:	STREET/COURI Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A&A MAURICE FAMILY TRUST LLC		300
(<u>Name of the Limited Liabille</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	S S
The Articles of Organization for this Limited Liability Control of	Company were filed on OCTOBER 5, 2018	25gned Signed Si
A. If amending name, enter the new name of the limi	ited liability company here:	(.,
NECESSARY PAPER, LLC		
The new name must be distinguishable and contain the words "Limitation of the contain the contain the words "Limitation of the contain the	ited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office additional agent.	-	nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	aZip Code
	Cui	zgi Coue

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>	Address	Type of Action
AMBR	JUSTICE HARVEY	PO BOX 958 WINDERMERE, FL 34786	
			Remove
			Change
AMBR	KETTY MAURICE		Add
		PO BOX 958 WINDERMERE, FL 34786	■ Remove
			☐ Change
AMBR	MARGALIE JONES		
		PO BOX 958 WINDERMERE, FL 34786	■ Remove
			□ Change
			Add
			□ Remove
			□ Change
			□ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			Change

		
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<u> </u>	· · · · · · · · · · · · · · · · · · ·	
E. Effective date, if other than the date	of filing:	_ (optional)
(If an effective date is listed, the date must be spe	ecific and cannot be prior to date of filing or more than 90 does not meet the applicable statutory filing requirements	days after filing.) Pursuant to 605.
document's effective date on the Departm	nent of State's records.	
	ctive date, but not an effective time, at 1	.2:01 a.m. on the earlie
(b) The 90th day after the record is	s filed.	
OCTOBER 23	2018	
Dated	· · · · · · · · · · · · · · · · · · ·	
116	La via VIII	
Signat	ure of a member or authorized representative of a member	· · · · · · · · · · · · · · · · · · ·
<u> </u>		7.5 A D D D
NANCY MAURICE-HARVE		<u></u>
	The same and the same as a same as a same as a first transfer.	
	Typed or printed name of signee	25 25