118000259173

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	<u> </u>
Certified Copies	Certificates o	f Status
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COVER LETTER

TO:	Registration Se Division of Cor				
SUBJE		MISCELLANEOUS BUSINE	SS LLC		
SOBJE	C1:	Name of Lim	ited Liability Company		
The enc	losed Anicles of	Amendment and fee(s) are sub	mitted for filing.		
Please r	eturn all correspo	ondence concerning this matter	to the following:		
		CURTIS BURGESS		Liability Company ed for filing. he following: Name of Person Firm/Company Address Eity/State and Zip Code e used for future annual report notification)	
			Name of Person		
			Firm/Company		
		25310 SW 22ND AVE			
		Address			
		NEWBERRY, FL 32269			
		City/State and Zip Code cmb21329@gmail.com			
		E-mail address: (to be used for future annual report noti	fication)	
For furtl	her information c	oncerning this matter, please c	all:		
CURTI	S BURGESS				
	Name o	f Person		e Telephone Number	
Enclose	d is a check for th	ne following amount:			
\$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status		Certificate of Status & Certified Copy	
	MAIL	ING ADDRESS:	STREET/COUR	IER ADDRESS:	

Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CUSTOM MISCELLANEOUS BUSINESS L		
(Name of the Limited Liability (A Florida I	Company as it now appears on our records.) amited Liability Company)	
The Articles of Organization for this Limited Liability Co	mpany were filed on 11/05/2018	and assigned
Florida document number L18000259173	<u>-</u> -	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	SE 3
•		
Enter new mailing address, if applicable:		Company of the compan
(Mailing address MAY BE A POST OFFICE BOX)		22 7
		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		A. A.
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	City	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

<u>Title</u>	Name	Address	Type of Action
MGR	CURTIS M BURGESS	25310 sw 22nd Ave. Newberry, Fl 32669	
			Remove
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			Change
			SST Remove
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of fil Note: If the date inserted in this block does not meet the applicable statuto document's effective date on the Department of State's records.	(optional) ling or more than 90 days after filing.) Pursuant to 6 ory filing requirements, this date will not be li	05.0207 sted as
ne record specifies a delayed effective date, but not an effec The 90th day after the record is filed.	ctive time, at 12:01 a.m. on the ear	lier of
Dated 12/15/18 Compared Signature of a member or authorized representations of the second se		
<u> </u>		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00