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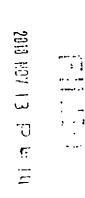
	(Requestor's Name)	
	(Address)	
((Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT [MAIL
	(Business Entity Name)	
	(Document Number)	
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COVER LETTER

SUBJECT A BOY	ETHEREST	AUTU TRANSPOR	T 160
SUBJECT: _/COST		ited Liability Company	<u>.,, </u>
4			
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
	SAUDRA,	Name of Person	
•	ABOVE THE	PEST AUTO TEA. Firm/Company	usport lic
	6760 CAWAR	Y PALM CIR Address	
		TOD FL 3345	3
	E-mail address: (t	LAUTUT LAUSPORT to be used for future annual report	notification)
For further information co	ncerning this matter, please ca	ili:	
Buce	LEVINSON	at (<u>561)</u> <u>5</u>	77 54 85
(vaile vi	reison	Mea Code Da	ytime reseptione (viumber
Enclosed is a check for the	e 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

TO:

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

	Liability Company)
Articles of Organization for this Limited Liability Company	y were filed on NOV 6,2018 and assigned
da document number	•
amendment is submitted to amend the following:	
f amending name, enter the new name of the limited lia	bility company here:
new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" or the abbreviation "L.L.C."
er new principal offices address, if applicable:	
ncipal office address MUST BE A STREET ADDRESS)	
ter new mailing address, if applicable:	
ailing address MAY BE A POST OFFICE BOX)	
If amending the registered agent and/or registered istered agent and/or the new registered office address b	office address on our records, enter the name of the nere:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	DL_11.
	, Florida City Zip Code

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, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MRG	SANDRA LEUIDSON	G700 CAWARY PALMCIR BURRETON FL 33433	Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			D Add
			Remove
			_□ Change
			_D Add
			_ Remove
			_□ Change
			_□ Add
		_□ Remove	
			_□ Change
			_□ Add
			_□ Remove
			_□ Change

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ective	date, if other than the date of filing: (optional)
<u>te:</u> If	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
umen	t's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier on the date of the carlier of the record is filed.
ed	NOV 9 2018
	NOV 9 2018
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member BRUCE LEVINSON Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00