L18000267262

	E)	
(Req	uestor's Name)	
(Add	ress)	
	ress)	
(Audi	655)	
(City/	State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Doct	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
L	Office Use On	ly



01/07/19--01027--014 *+25.00



COVER LETTER

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TO: Registrati Division o	ion Sec of Corp	tion orations			
Aubu	mdlae l	Holdings IIc	•	:	
SUBJECT:		Name of Lim	ited Liability Company		
		mendment and fee(s) are sub	-		
Please return all con	rrespon	dence concerning this matter	to the following:		
		Douglas Re			
			Name of Person		
		Auburndale Holdings lle			
			Firm/Company		<u> </u>
		216 Magneta Loop			
			Address		
		Auburndale, FL 33823			
			City/State and Zip Code		
		douglasjre@gmail.com	to be used for future annual	report notification)	
For turther informa	tion co	ncerning this matter, please ea		· • port (10/11/• • • • • • • • • • • • • • • • • •	
Douglas Re		8		1-1543	
-	ame of	Person	at () Area Code	Daytime Telephon	e Number
Enclosed is a check	t for the	following amount:			
■ \$25.00 Filing F	ee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee of Certified Copy (additional copy is end)	closed)	60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
R D P	tegistra Division 2.0. Boz	NG ADDRESS: tion Section of Corporations < 6327 see, FL 32314	Registrat Division Clifton E 2661 Exc	T/COURIER ADD tion Section of Corporations Building ecutive Center Circle see, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

and assigned
د هر
eviation "L.L.C."
}

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street ad	ldress
	Cuy	. Florida Zip Code

ew Registered Agent's Signature, if changing Registered Agent:

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•

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability mpany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

manenting 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
			🗆 Add
		<u> </u>	🛛 Remove
			Change
			Add
			Remove
			Change
			C Change
			 मिरिemove ए
			D ⁻ Change
			Add
			Remove
			Change
			🛛 Add
			C Remove
			Change
			🛛 Add
		<u></u>	🗆 Remove
			D Change

<u> </u>		<u> </u>	
mgr-name and address is listed three times	. Please list it one time only.		
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	. 2019	
	Signature of a member or authorized representative of a member	
Douglas Re		
······	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00