LIBOUZEOES3

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

то:	Registration Sec Division of Corp					ι		
	CDLBW, LI		ş	4	•	- -		
SUBJE	CT:	Name of Limi	ited Liability Company					
The enc	losed Articles of A	Amendment and fee(s) are sub-	mitted for filing.					
Please r	eturn all correspoi	ndence concerning this matter	to the following:					
		Rita Jackman, Esquire				Σ.	26	
		Powell, Jackman, Stevens	Name of Person & Ricciardi, P.A.				2019 853 2	
		12381 S. Cleveland Avenu	Firm/Company ne, Suite 200				م ک	
		Fort Myers, Florida 33907	Address			: .	ખ ડા પ	
		iegal@your-advocates.org	City/State and Zip C					
For furt	ther information co	E-mail address: (oncerning this matter, please c	to be used for future ar	nual report noti	fication)			
Rita Jac	ckman		239 at (689-1096				
	Name o	f Person	Area Code	Daytim	e Telephor	ne Number		
Enclose	ed is a check for th	ne following amount:						
■ \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Certified Cop (additional copy	ру		\$60.00 Fili Certificate Certified ((additional c	of Stati Copy	
	Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	Reg Div	REET/COUR istration Section ision of Corpo ion Building	οπ	PRESS:		

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi	ted Liability Company a (A Florida Limited Liabi	s it now appears on our rec lity Company)	ords.)	
The Articles of Organization for this Limited L Florida document number L18000280853	iability Company wer	re filed on 12/6/18		and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liability	company here:	17.1.	
he new name must be distinguishable and contain the	words "Limited Liability C	Company," the designation "I	LC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if appli	cable: _			
Principal office address MUST BE A STREE	<u> ET ADDRESS)</u>			<u>യ</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and	_ Vor registered office	e address on our reco	ords, <u>enter</u>	the name of the
registered agent and/or the new registered of	omee address here:			
Name of New Registered Agent:	Rita Jackman			
New Registered Office Address:	12381 S. Clevelano	1 Avenue, Suite 200		
		Enter Florida street ad	dress	
	Fort Myers		, Florida <u>33</u>	907
		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	King, Shawn J	5616 SW 14th Place	
		C Comb El 22014	
		Cape Coral, Fl. 33914	■ Remove
			☐ Change
AMBR	Wood, Charles D.	5616 SW 14th Place	Add
		Cape Coral, FL 33914	122
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fective date, if oth an effective date is liste ote: If the date inserseument's effective of	d, the date must be sported in this block do	ecific and canno ses not meet th	ie applicable	te of filing or statutory fil	more than 90 c	_ (optional) ays after filing ents, this date	.) Pursuant to	605.020 listed a
e record specifies The 90th day aff	s a delayed effe ter the record is	ctive date, s filed.	but not ar	ı effective	time, at 1	2:01 a.m.	on the ea	arlier o
ated April 26		, 201	9					

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Filing Fee: \$25.00