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	,	COVER LETTER		
TO: Registration Section Division of Corpor				
SUBJECT:	CULF STN- Name of Lim	TE INNOVATIONS hited Liability Company	LLC	
The enclosed Articles of An Please return all corresponde	nendment and fee(s) are sub	pmitted for filing.		
	Cwi	5 Morris Name of Person		
		Firm/Company		_
		D. J.ernigan Way Address		
-		$\frac{FC}{City/State and Zip Code}$	ail.com	28 PH 1
For further information cone			incation)	
Name of Pe	rson	at () Area Code Daytim	e Telephone Number	
Enclosed is a check for the f	ollowing amount:			
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Registratio Division o P.O. Box (f Corporations	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 32	n rations inter Circle	

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ARTICLES OF A TO ARTICLES OF O O	O PRGANIZATION	
CUEF STATE (Name of the Limited Liability Compar (A Florida Limited L	INNEVATION 5 L.C.C. ny as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $L18000284372$. This amendment is submitted to amend the following:	were filed on $\frac{12}{12}$ and	assigned
A. If amending name, <u>enter the new name of the limited liabi</u>		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation	mÉ.L.C."
Enter new principal offices address, if applicable:	- 4470 Deinigan Way Pace, FL 32571	
(Principal office address MUST BE A STREET ADDRESS)	Pace, FL 32571	
Enter new mailing address, if applicable:	1470 Jernigan Way Phile FL 32571	
(Mailing address MAY BE A POST OFFICE BOX)	Phile FL 32571	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:		ne of the new
New Registered Office Address:	Enter Florida street address	
	20	
	City . Florida	

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

1

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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
MER	RAD HAI LLC	4706 Spencer Unks Bin	el _□ Add
		4706 Spencer Unks Bin Pare, Fr 32571	Remove
			Change
			Add
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(If an effective 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 605.0207 (3)(b). <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

	2019	
Dated	Vin 24	
	Fehr	
	Signature of a member or authorized representative of a member	
	Rob Dinwooder, Managing Mumber	1
	Typed or printed name of signee	· · · ·

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Filing Fee: \$25.00