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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
Opecial instructions to	Timing Officer.	

Office Use Only



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03/04/19--01002--007 \*\*25.00

M. MILLIGAN MAR 0 1 2019

## **COVER LETTER**

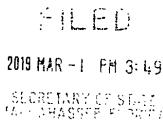
Division of Cor			
SUBJECT:	Pide LLC	ted Liability Company	
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter (	to the following:	
	Joseph H	Rell	
	X	Name of Person	
		Firm/Company	
		• •	
	518 Ever	itt Ave Lot 78	,
		Address	
	Panama Ci	Address  Address  Ly FL 32401  / City/State and Zip Code	
		/City/State and Zip Code	
		to be used for future annual report notif	
		·	(cation)
For further information of	concerning this matter, please ca	atl:	
		-1.1 )	
Name o	of Person	at () Daytime	e Telephone Number
Enclosed is a check for t	he 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 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 OF



Zip Code

A Pride LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on $12-17-18$ and assigned Florida document number $418000288495$ .
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address , 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

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	William S. Hutto	3738 Belaide Ct.	<b>⊡</b> ∕Add
		Tallahassee Fla 32311	□ Remove
			Change
MGR	GinaR Bell	518 Everit+ Ave lot Panama City FL 324	78 <b>B</b> Add
		Panama City Fl 324	<i>LO</i> ☐ Remove
			Change
<del></del>	<del></del>		
			☐ Remove
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Filing Fee: \$25.00