## 1400006575

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## **COVER LETTER**

	on Section f Corporations		
SUBJECT: Tr	Name of Lim	Central FC (	CC
The enclosed Articl	es of Amendment and fee(s) are sub	mitted for filing.	
Please return all con	πespondence concerning this matter	to the following:	
		Name of Person	
	Trailer Work	S C= CPOARCE FC Firm/Company	uc = > [
		Hybriany 40 5ilv	sc 2 brings Ect. 22
	Silver Sprin	City/State and Zip Code	188
	+ Miller ( Ler KS   E-mail address: (	O Q Gmal Con to be used or future annual report notifi	cation)
For further informa	tion concerning this matter, please c	all:	
William T	ame of Person	at ( <u>352</u> ) <u>454</u> Area Code Daytime	FSOI Telephone Number
Enclosed is a check	for the following amount:		
.☑ \$25.00 Filing F	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)
R E	AAILING ADDRESS: Registration Section Division of Corporations O. Box 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building	1

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

150, for (00, 15 OF		
(Name of the Limited	Liability Company as it now appears on our records. Florida Limited Liability Company)	<u></u> )
The Articles of Organization for this Limited Liab Florida document number <u>L19000065</u>	pility Company were filed on $\frac{1/04/19}{575}$ .	and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	書一二
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ole:	1
(Principal office address MUST BE A STREET	ADDRESS)	<u> </u>
		<u>ि ज</u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flo	orida Zip Code
New Registered Agent's Signature, if changing Re	•	•

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> <u>Name</u> Address **Type of Action** William Roge AMBR 18018 East Highway 40 Silver Springs FL 34488 ☐ Remove \_□ Change □ Add ☐ Remove ☐ Change □ <u>Remove</u> ☐ Obange □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change  $\square$  Add

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(If an effective date is liste Note: If the date inse	ner than the date of fi ed, the date must be specific rted in this block does n date on the Department	e and cannot be prior to not meet the applicable	date of filing or more t le statutory filing red	(option han 90 days after fil quirements, this d	ing.) Pursuan	t to 605.0207 (3 be listed as th
document's effective		ve date, but not a	an effective time	e, at 12:01 a.r	n. on the	earlier of:
the record specifie	s a delayed effective feer the record is file	ed.				
the record specifie: ) The 90th day af	ter the record is fil	ed. <u>2019</u>				
the record specifie: ) The 90th day af	ter the record is fil	ed.		member		

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Filing Fee: \$25.00