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COVER LETTER

	ration Section on of Corporations				
SUBJECT: _	FLORIDA	AUK E. Name of Limite	wt , UC ed Liability Company		
The enclosed /	rticles of Amendment and	fee(s) are subm	nitted for filing.		
Please return a	l correspondence concerni	ng this matter to	o the following:		
		PICH,	Name of Person		
		FLOR	104 AUE ENT Firm/Company	, uc	
		511	O N. M. AMI	AUE	
		7.	AWA, FL 3	3604	
		FICKY C -mail address: (to	SOCIAL HOUSE TO	AWA , COM Treport notificat	ion)
For further inf	ormation concerning this m	atter, please cal	II:		
PICH	ARD COSTON Name of Person		at (<u>321</u>)	<u> 195-9</u> Daytime Te	\$33 Iephone Number
Enclosed is a	heck for the following amo	ount:			
⊠ . \$25.00 Fil		ing Fee & te of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILING ADDRESS	; .	STREE	T/COURIER	ADDRESS:

TO:

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

TO ARTICLES OF ORGANIZATION OF

FLORIDA AUE ENTY 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 1242019 and assigned Florida document number 1900015812.
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 neregistered agent and/or the new registered office address here: Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
Florida 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

If Changing Registered Agent, Signature of New Registered Agent

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.

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MOR	GREGORY SPADACCINI	6310 N. FLORIDA AVE	
		TAMPA, FL 33604	Remove
			Change
MUR	MICHAEL T. CAUM	8715 N CALDER PL	∑ Add
		TAMA, FL 33604	☐ Remove
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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot note: If the date inserted in this block does not meet document's effective date on the Department of State.	the applicable st 's records.	atutory filing requ	airements, this d	ling.) Pur late will	not be	listed as the
If the record specifies a delayed effective date (b) The 90th day after the record is filed.	, but not an o	effective time,	at 12:01 a.	m. on t	he ea	irlier of:
Dated 4/19/19 . Signature of a members						
Signature of a memb	her or authorized r	representative of a r	nember		<u></u>	-
PICHARA C	OSTON ed or printed nam	e of signee				-

Page 3 of 3

Filing Fee: \$25.00