L 19 000035771

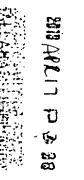
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900327950409

04/1//15--e1d13--021 *#25.00



APR 2.4 2819 T. LENGEUX

COVER LETTER

TO: Registration Sec Division of Corp		,	4
SUBJECT: WA	erever /ov Name of Lim	Are Plot CAN	RILC
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	POPPY 9	Ven-Reson	
	Wherever	You he Pilo	of CAT LLC
	7830 Fert	Re 5 PD Address	
	Zephyrlill Whereveryo	City/State and Zip Code CLAVE PICTOR to be used for future annual report noti	restancel.cm
For further information co	oncerning this matter, please ca	all:	
Name of	Person	at (<u>8/3)</u> <u>862</u> Area Code Daytim	2- S282 ne Telephone Number
Enclosed is a check for th	e 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

Penare & Names From LLC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wherever & Are (Name of the Limited Liability Com (A Florida Limited	PLOTESCO P	+ CAr	LC
(A Florida Limited The Articles of Organization for this Limited Liability Compan			nd assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
		AND THE PARTY	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LL	C' critic abbressitu	ion "L.L.C."
Enter new principal offices address, if applicable:		\$ 100 B	
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	
			Leivin
		THE DESCRIPTION OF THE PERSON	Trus.
Enter new mailing address, if applicable:	<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)		&	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		ds, <u>enter the n</u>	ame of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street addre	ezr	
	, F	lorida	
	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

Page 1 of 3

Demonie 2 NAMES From CCC

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
AMBR	Breit Nette	39021 HAVE, RD	🖸 Add
		39021 HAVERRID Zepshyrhills, Fl. 33	72 Remove
	/		Change
AMBR	MAVIA Next	39021 Haven RD	🗆 Add
		Zephyrhills, F1. 3354	2 .t Remove
			Change
			🗖 Add
			□ Remove
			Add
			☐ Remove
			Change
			□ Add
		- <u>-</u>	□ Remove
			Change
			🗆 Add
			□ Remove
			Change

Page 2 of 3

Remove 2 NAMES From LCC

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
(If an ef Note:	ive date, if other than the date of filing: 4-/5-/9 (optional) fective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as them;'s effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	4-15- 2019.
	Signature of a member or authorized representative of a member
	TOPY MEAR Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

Remove 2 NAMES From LCC