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(Re	equestor's Name)	-
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(Ci	ty/State/Zip/Phone	e #)
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COVER LETTER

	Registration Sec Division of Corp			
SUBJEC	950 S Wood	dland LLC		
SUBJEC	<u>.</u>	Name of Limi	ited Liability Company	
The encl	osed Articles of a	Amendment and fee(s) are subt	mitted for filing.	
Please re	turn all correspon	ndence concerning this matter	to the following:	
		Frank A. Edgerly & Geoffi	rey D. Nordloh	
			Name of Person	
		950 S Woodland LLC		
		·	Firm/Company	
		2821 Tupelo Court		
			Address	
		Longwood, FL 32779		
			City/State and Zip Code	····
		gnordloh@gmail.com		
		E-mail address: (t	to be used for future annual report notif	ication)
For furth	er information co	oncerning this matter, please ca	all:	
Geoffre	y D. Nordioh		at () 770-7351 Area Code Daytime	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed	l 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

950 S Woodland LLC			
(<u>Name of the Limited Liability (</u> (A Florida Lin	Company as it now appears on our records.) mited Liability Company)		
The Articles of Organization for this Limited Liability Com	npany were filed on February 11, 2019	and assigned	
Florida document number L19000040486			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abb	reviation "L.L.C."	_
Enter new principal offices address, if applicable:			_
(Principal office address MUST BE A STREET ADDRES	<u> </u>		_
	<u></u>		_
		20	
Enter new mailing address, if applicable:		2019 J	
(Mailing address MAY BE A POST OFFICE BOX)	<u>P</u>	1 3 7 1	
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B. If amending the registered agent and/or register	red office address on our records, enter t	he name of the	nev
registered agent and/or the new registered office addres	· ·	£ 5	
Name of New Registered Agent:			_
New Registered Office Address:			_
	Enter Florida street address		
	, Florida	Zin Code	_
	City	7.03 U.OOP	

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Geoffrey D. Nordloh	14321 SE 49th Street Bellevue, WA 98006	= Add
			□ Remove
			Change
			Add
			Remove
			Change
			Remove
			☐ Change
			
			□ Remove
			Change
			Add
			Remove
		Change	
			Remove
			Change

y namenang any once mo	rmation, enter change(s) here: (Attach additional sheets, if necessary.)
-	
	
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(If an effective date is listed, the dat Note: If the date inserted in the	the date of filing:
f the record specifies a delable. b) The 90th day after the	ayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: record is filed.
Dated August 6	2019
	Signature of a member or authorized representative of a member
Geoffrey D. Nordl	oh

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00