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SLORETARY OF STATE

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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	SCT:		isherman // C	
The en	closed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		SEA	Name of Person	
		(il	Fisherman (10	
			36 INSPIRA IN Address	
		NA	Ples, FL 341 City/State and Zip Code	CST Sea feed. Com
		E-mail address: (to be used for future annual report not	(ST)ester.Com
For fur	ther information co	oncerning this matter, please ea		
	Searl Name of	Person	at (504) 769 Area Code Daytim	2 - (70/ ne Telephone Number
Enclose	ed is a check for th	e following amount:		
⊠ \$2:	5.00 Filing Fee	S30.00 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)
	Registra	NG ADDRESS: ation Section of Corporations	STREET/COUR Registration Section Division of Corpo	ວກ

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	rman 11c	7000 1 1 1000 100
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)	FILED
The Articles of Organization for this Limited Liability Comp Florida document number	oany were filed on 2-12-19	and assigned 2019 July 31 P 6 6
This amendment is submitted to amend the following:		SECRETARY OF STAT TALLAHASSEE, FLORII
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 L	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	5)	
		<u> </u>
Enter new mailing address, if applicable:		
(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	d office address on our records, <u>e</u> <u>here</u> :	nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	aZip Code
New Registered Agent's Signature, if changing Registered Age	•	•
I hereby accept the appointment as registered agent and oppositions of all statutes relative to the proper and compacted accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of my duties, and I as provided for in Chapter 605, F.S.	am familiar with and . Or, if this document is
H'C	Changing Registered Agent, Signature of No.	w Registered Agent

Page 1 of 3

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	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	NEW ORLEWS Type of Action
AMBR	GLADYS M. DELA	UNE 6748 COLBER	RTST. TO124 PAdd
			□ Remove
			Change
			Add
			□ Remove
			□ Add
			Remove
		 	☐ Add
			Remove
			
			□ Add
		····	□ Remove
			☐ Change
			
			☐ Remove

_□ Change

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•	
ffect	ive date if other than the date of filing:
an et	ive date, if other than the date of filing:
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
ocun	ent's effective date on the Department of State's records.
e re	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
The	90th day after the record is filed.
ated	
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member
	SEAN DELAUNE
	Typed or printed name of signee
	Typed of printed state of signed

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Filing Fee: \$25.00