L190000 45624

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: <u>ELE</u>	VEN DOORS Name of Lim	DOWN LLC	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Devry E. Dewa	Name of Person	V-124
(Certified Public Acc		
	7006 Atlantic Bi	Vd. Firm/Company	
	Jacksonville, FL 3	32211	
	-		
		Address	
		City/State and Zip Code	
	DEVRY & DEV	RY NEWAN . COM to be used for future annual report notifi	eution)
			Canony
For further information co	oncerning this matter, please co	all:	
DEURY	DEWAN	at (<u>904</u>) <u>465</u> Area Code Daytime	-3405
Name d	l'Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
\$ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee.
φ 323.00 Filing 1 cc	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

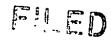
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

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



ELEVEN DOORS DOWN LLC
(Name of the Limited Liability Company as it now appears on our records.)

[Name of the Limited Liability Company as it now appears on our records.]

	20/23 30 00 0		
	Liability Company as it now appear Florida Limited Liability Company)		DE STO
The Articles of Organization for this Limited Liab	ility Company were filed on	02/14/19	and assigned
Florida document number <u>L 190000</u>	45624	·	
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of th	e limited liability company he	e <u>re</u> :	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the d	esignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable	le:		
(Principal office address MUST BE A STREET)	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered offic		our records, enter	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	rida street address	
		, Florida	Zip Code
	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

It 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

Title	<u>Name</u>	Address	Type of Action
MGR	MICHAEL C. TYDE	630 RUBERTS Rd	
		St JUHNS FC. 32259	
			Change
MGR	BRANDON MARDENFIE	<u> </u>	\dd
		630 ROBERTS RI	Remove
		ST. JOHNS, Fl. 32259	Change
			Add
			□ Remove
			Change
			Add
			Remove
			Change
			□ Add
			Remove
			Change
			□ Remove
			Change

	
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	-
(If an effective date is Note: If the date is	Tother than the date of filing:
	ifies a delayed effective date, but not an effective time, at $12{:}01$ a.m. on the earlier o \prime after the record is filed.
Dated	MARCH 8. 2019.
	/
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00