L19000046397

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#25.00 FILED #2019 APR - 5 PH 4: 02 #2019 APR - 5 PH 4: 02

COVER LETTER

TO: Registration Section Division of Corporations		•	
SUBJECT: Florida Womans Name of Lim	Expo LLC lited Viability Company		
[The enclosed Articles of Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondence concerning this matter	to the following:		
Benny J	eFFus Name of Person		
16490 N	Firm/Company VE 55 th Stree	2019 APR -5 SECRETARY FAIL ATTACKS	r Ak
_ Willisto	Address M. F.L. 32696 City/State and Zip Code D. Atlantic Net To be used for future annual report notifica	PH 4: 02 YOU STAND SEEL FLOOR	
E-mail address:	a Hontic's Net	ation)	
For further information concerning this matter, please of			
Benny Name of Person	at (352) 528 Area Code Daytime T	9500 Gelephone Number	
Enclosed is a check for the following amount:			
\$25.00 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	STREET/COURIER Registration Section Division of Corporati		

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida Womans &	Expo LLC	
(Name of the Limited Liability Compar (A Florida Limited L	ny avit now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number <u>L1900046</u> .39	were filed on <u>02/15/19</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name of the limited liability of the new name of the new nam		obreviation "L.L.C."
Enter new principal offices address, if applicable:	16490 NE 55+1	Street
(Principal office address MUST BE A STREET ADDRESS)	Williston, FL	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered offregistered agent and/or the new registered office address here		
Name of New Registered Agent:		20
New Registered Office Address:	Enter Florida street address	APPR AN FIL 9 APR - 5 CORELLED LLAMASSI
11	, Florida City	Zip Gode 2
New Registered Agent's Signature, if changing Registered Agent:		109 4.1S1
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pabeing filed to merely reflect a change in the registered office of	performance of my duties, and I am j rovided for in Chapter 605, F.S. Or,	familiar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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 Type of Action <u>Address</u> <u>Title</u> Name _□ Add ☐ Remove _□ Change □ Add ☐ Remove ☐ Change Remove □ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

Owner to be a	hanged	From	
Benny Jeffus to			
<u> </u>			2019 APR SECRET
			3.55 -5.00 -
			H 4: 02
Fective date, if other than the date of filing:	icable statutory fili	(option or than 90 days after the requirements, this	filing.) Pursuant to 605.020
record specifies a delayed effective date, but no he 90th day after the record is filed.	ot an effective	time, at 12:01 a.	.m. on the earlier o
ted 07/03//9 Signature of a member or aut	horized representativ	e of a member	
	value someonido		

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Filing Fee: \$25.00