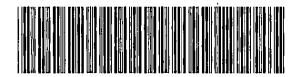
## 119000048039

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(Address)
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MAR 2 0 1019 T. LEMIEUX

TO:	Registration Section Division of Corporations
SUBJ	Name of Limited Liability Company
The e	nclosed Articles of Amendment and fee(s) are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
	Stacey Vallourt
	Sc Maragement Consulting Branch UC
	11 Woodgate PL Address
	Palm Coust FL 32164  City/State and Zip Code
	S-Valcourt (a hot m (u.l. (10)). E-mail address: (to be used for future annual report notification)
For fu	urther information concerning this matter, please call:
<u>. Ĵ</u>	Area Code Daytime Telephone Number
Enclos	sed is a check for the following amount:
<b>17</b> 0 <b>s</b> 2	25.00 Filing Fee Scrifficate of Status Scriffied Copy (additional copy is enclosed)  \$60,00 Filing Fee, Certificate of Status Scriffied Copy (additional copy is enclosed)

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Registration Section
Division of Corporations
(AZ, 1908-0327)
Tallahassee, FL 32314

Registration Section
Division of Corporations
Camon Dunning
2661 Executive Center Circle
Tallahassee, FL 32301

DIRECTOCKER TERRESS,

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	LLC
The Articles of Organization for this Limited Liability Company w Florida document number <u>L 19000048039</u> .	erc filed on <u>Feb-18, 20</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or th	te abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable:	AHASSE SE	
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	<del>U</del>
	S.3.	
	2. c	19 29
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	ce address on our records, ent	ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
<del></del>	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

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>	Name	Address	Type of Action	
MGR	Stacey Valcourt	Il Wood gate Pl Palm Coust Fl	⊠ Add	
			Remove	
		<del></del>	Change	
			□ Add	
			Remove	
			🗆 Change	
			□ Add	
			Remove	
		<del></del>	Change	
			D Add	
			🗆 Remove	
		<del></del>	Change	
			□ Add	
		<del></del>	Remove	
			Change	
			O Add	
			_□ Remove	

☐ Change

amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
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e .•	
an effec lote: If	e date, if other than the date of filing:
e reco The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
ated _	March 8 , 2019.
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Stacry Valcourt

Page 3 of 3

Filing Fee: \$25.00