L19000050870

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(64,75646-24,1716-16-17)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
,
Special Instructions to Filing Officer:

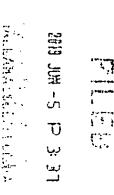
Office Use Only



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FILING CANCELLED
DUE TO RETURNED CHECK



COO GE HAT

COVER LETTER

SUBJECT: <u>hel</u>	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	DITE	NG CANCELLED E TO RETURNED CHECK
	CARL PARKS	Name of Person	
	Melenio, L	Firm/Company	
	612 Came	llia Ave Address	
		City/State and Zip Code	
	Support (a) E-mail address: (Melenio, Com to be used for future annual report	notification)
For further information co	oncerning this matter, please ca	all:	
CARL PA	RKS f Person	at (770) 26 Area Code Day	12 - 550 8 rtime Telephone Number
Enclosed 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

TO:

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

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ARTICLES OF AMENDMENT TO DUE TO RETURNED CHECK ARTICLES OF ORGANIZATION

(Name of the Limited Liability Compa	iny as it now appears on our records.) Liability Company) 271 271 271 271
The Articles of Organization for this Limited Liability Company Florida document number <u>L 19 00 00 5 0 8 7 0</u> .	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "Lt.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	144 CasA Marina PL SANFORD, FL 32771
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	144 Casa Maring PL San ford, FL 32771
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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

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>	Address	Type of Action
MGR	David Diaco	612 Camellia Au	
		Panana City, FL 32404	X Remove
			Change
MCR	Monique Shilling - PARKS	144 Casa Maring Pl	₩ Add
		SANFORD, FL 32771	Remove
	FILING CANCELLED DUE TO RETURNED CHEC	K	Change
			□ Remove
			Change
			D Add
			Remove
			🗆 Change
			□ Add
			□ Remove
			Change
			□ Remove
			Change

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	DUE TO RETURNED CHECK
 	
	-
	
(If an effective d Note: If the	te, if other than the date of filing: $4-01-2019$ (optional) ate is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ffective date on the Department of State's records.
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: day after the record is filed.
Dated Ju	ne 3 ^{-d} 2019
	Signature of a member or authorized representative of a member
	ARI PARIEC

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Typed or printed name of signee

Filing Fee: \$25.00