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(Req	uestor's Name)	
(Add	lress)	
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(Add	1033)	
(City	/State/Zip/Phone #	9)
PICK-UP	☐ WAIT	MAIL
(D)	inna Entity Name	<u>, </u>
(Bus	iness Entity Name)
(Doc	cument Number)	
Certified Copies	Certificates o	f Status
,		
Special Instructions to F	iling Officer:	

Office Use Only



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FILING CANCELLED
DUE TO RETURNED CHECK

10/24/19--0100S--001 **25.00

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COVER LETTER

TO:	Registration Se Division of Cor				
SUBJI	ECT:	B/Ing/ Name of Limi	Master LLC ited Liability Company	<u>.</u>	
		Amendment and fee(s) are submodence concerning this matter		FILING CANCELLE DUE TO RETURNE	
		Por	sha Johnson Name of Person	1	
		BI	ing Master	uc	
		9.100 Con	ary Winder	here Road Sui	te 200
			City/State and Zip Code		
Da- 6	ak in Commution or		P bling master to be used for future annual re	ort notification)	8E086 80 Stoke
	0	Tohnson (Person		34-8687 Daytime Telephone Number	TARY OF STATE OF CORPORATION
Enclos	ed is a check for th	ne following amount:			Ĉ.
b \$2:	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sed) \$60.00 Filing For Certificate of State Copy (additional copy is	Status &

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

FILING CANCELLED DUE TO RETURNED CHECK

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

•	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	y were filed on $3/6/19$ and assigned
Florida document number <u>L 1 9 00 00 639 87</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	9100 Conroy Windermere Road
(Principal office address MUST BE A STREET ADDRESS)	9100 Conroy Windermere Road Suite 200 Windermere, FL 34186
	Windermere, FL 34786
Enter new mailing address, if applicable:	9100 Conroy Winder Mere load Suite 200
(Mailing address MAY BE A POST OFFICE BOX)	Suite 200 Windermore IFL 34186
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he	office address on our records, <u>enter the name of the ne</u> re:
Name of New Registered Agent:	orsha Johnson
New Registered Office Address: 2059	Sue Ellin Court Enter Floridu street address
400	0kn Florida 327.03

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.

City

f 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

FILING CANCELLED

AMBR = Authorized Member

DUE TO RETURNED CHECK

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Melinda Randle	1512 Guinyard Way	X Add
		1512 Guinyard Way Drlando, FL 32805	Remove
			Change
			Add
		 -	□ Remove
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			Remove
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an effect <u>vote:</u> If	e date, if other than t tive date is listed, the date i the date inserted in this it's effective date on the	must be specific block does no	and cannot be prior to da of meet the applicable	(optional) le of filing or more than 90 days after filing.) Pursuant to 605.0207 (statutory filing requirements, this date will not be listed as the
	rd specifies a delay Oth day after the r			effective time, at 12:01 a.m. on the earlier of:
	04101-0-21		2010	FILING CANCELLED
Dated	October 21		_, <u>2019</u> .	DUE TO RETURNED CHECK
		Signature o	f a member or authorized	representative of a member
			Porsha Jo	1

Page 3 of 3

Filing Fee: \$25.00