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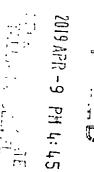
(F	Requestor's Name)
(A	Address)
(<i>f</i>	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(0	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:





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R. WHITE APR 1 6 2019

COVER LETTER

Division of Corporations
SUBJECT: 17 punt N HEMORICS Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Max R Lally Name of Person
HOUNT N HEMORIES Firm/Company
1874 SW SAINT ANDRINS DHVE Address
PALM CITY, FL 3490 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MAX R LALLY at (712) 349 - 4295 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$

MAILING ADDRESS:

TO:

Registration Section

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**



Mount N	1 Mamories	2013 APA - 9 PM 4: 45
(Name of the	imited Liability Company as it n (A Florida Limited Liability C	now appears on our records.) Company)
	ed Liability Company were fil	iled on 03 08 2019 and assigned
This amendment is submitted to amend the		
A. If amending name, enter the new nar	ne of the limited liability con	mpany here:
The new name must be distinguishable and contain	the words "Limited Liability Comp	ipany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if ap	oplicable:	
(Principal office address MUST BE A ST	REET ADDRESS)	
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		
B. If amending the registered agent registered agent and/or the new registered		ddress on our records, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		Enter Florida street address
		, Florida
	City	
ew Registered Agent's Signature if chang	ing Registered Agent:	

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and except the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is zing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany 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:

Type of Action

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	HAX RLALLY	1874 SW SAINT ANDREWS DRIVE. PALM CITY, FL 34990	X Add
			Remove
			Change
			Add
			Remove
			Change
			□ Add
			□ Remove
			□ Change
			□ Add
			□ Remove
			□ Change
			□ Add
			Remove
			Change
			D Add
			_ □ Remove
			Change

_		
		
an effect [ote: If	te date, if other than the date of filing: etive date is listed, the date must be specific and cannot be prior to date f the date inserted in this block does not meet the applicable s nt's effective date on the Department of State's records.	
e recoi	ord specifies a delayed effective date, but not an 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier
The 9	April 5th , 2019	
The 9	April 5th , 2019	
The 9	April 5 ⁺¹ , 2019 Signature of a member or authorized	representative of a member

Page 3 of 3

Filing Fee: \$25.00