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COVER LETTER

Division of Co	porations				
SUBJECT:	Mid Florida Name of Lim	Balding Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		Name of Person			
	mid f	Firm/Company			
	22 Ros	Address			
	mid flori E-mail address:	City/State and Zip Code A Brildings. Decrease of the control of t	nail.com	2019 APR -3 PM 4: 18	
For further information of	concerning this matter, please co	all:		a PH	
Name o	Couls 5	at (863) 589 Area Code Daytime	7 - 7 4 7 1 Telephone Number	1:18	·
Enclosed is a check for t	he 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 enclo		

MAILING ADDRESS:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Li (A Fl	iability Company as it now appears on our records.) lorida Limited Liability Company)
The Articles of Organization for this Limited Liabili	ity Company were filed on 3-25-2019 and assigned 6.
This amendment is submitted to amend the followin	ng:
A. If amending name, enter the new name of the	e limited liability company here:
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:
(Principal office address MUST BE A STREET Al	DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>
B. If amending the registered agent and/or r registered agent and/or the new registered office.	registered office address on our records, enter the name of the new address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	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 = Au	thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Rick De Como	22 Robin La winterhan	FL X Add
			☐ Remove
			☐ Change
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If amending any other information, enter change(s) here: (Attach additional sheets,	y necessary.y	
	 	
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	2019 APR	
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day. Note: If the date inserted in this block does not meet the applicable statutory filing requiremen document's effective date on the Department of State's records.		
the record specifies a delayed effective date, but not an effective time, at 12 The 90th day after the record is filed.	::01 a.m. on the earlier o	of:
Dated		
11/1/2		
Signature of a member or authorized representative of a member		
Typed or printed name of signce		