L19000081773

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

Office Use Only



000366890810

05/27/21--01019--008 **30.00

100 CT

idaela R-

COVER LETTER

TO:

TO:	Registration Se Division of Cor			
SL.B 11	CT.	Frank Commence	· Property of the second	
3C DJ1	.C1.	Name of Lin	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omuted for tiling.	
Please	return all correspo	ondence concerning this matter	to the following:	
		17,100	Name of Person	
			Name of Person	
			Firm Company	
		·	Address	
		1 1 1		
			City State and Zip Code	
		E-mail address: (to be used for future annual report notif	lication)
For fur	ther information c	oncerning this matter, please c	all:	
		. ,	at ()	, 1
	Name o	f Person	Area Code Daytine	· Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$25	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed:	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr	ING ADDRESS: ation Section on of Corporations	STREET/COURI Registration Section Division of Corpor	n

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number		
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	Property of the transfer of	
The new name must be distinguishable and contain the words "Limited Liabi	hty Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	p = 45	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<i>r</i> •	
Dore to do to be a few and the	oc. 11	Al man Cal a c
		the name of the new
Name of New Registered Agent:	,	<u> </u>
New Registered Office Address:	1	
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address here:	Enter Florida street address	
	, Florida	† ↑ Zip Code
	Cuņ·	Zip Code
New Registered Agent's Signature, if changing Registered Agent-		`C. +

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>	Name	Address	Type of Action
<i>t</i>			
	,		Remove
			Change
<i>l</i>	1	** * * * * * * * * * * * * * * * * * * *	 Add
			□ Remove
		<u> </u>	Change
			🗆 Add
			Remove
		<u> </u>	Change
·			□ Add
			□ Remove
			Change
			O Add
			□ Remove
			□ Change
			□ Add
			□ Remove
			□ Change

	,	• ,	·			·
	1			1 +	i	÷, •
						
						
						
		-				
e ctive date, if oth n effective date is listed	er than the date of i, the date must be speci	filing: fic and cannot be price	r to date of films	or more than	(o ptional) 90 days after filing.)	Pursuant to 605.0
<u>ite:</u> If the date inser	ted in this block does	not meet the appli	cable statutory	filing requir	ements, this date w	rill not be listed
cument's effective d	ate on the Departmer	nt of State's record	> .			
	a delayed effect er the record is f		ot an effecti	ve time, a	it 12:01 a.m. o	n the earlie
The John day are	er the record is r	ned.				
•	ı					
		·	·			
ted						
ted <u>' ' '</u>			;	•		
ted	Signature	e of a member or auti	-		mber	

' D.

Page 3 of 3

Filing Fee: \$25.00