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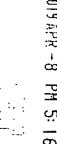
(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	s of Status
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C. GOLDEN APR 1 5 2019



COVER LETTER

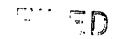
TO: Registration Secti Division of Corpo		•	
subject:C	n C ty L	iquidations L	<u>LC</u>
The enclosed Articles of Ar	nendment and fee(s) are subr	nitted for filing.	
Please return all correspond	ence concerning this matter t	o the following:	
	Lance	Zier	
		Name of Person	
		Firm/Company	
	11886 Mt	t. Ash Rd East	
	<u>Jackson</u>	Tille FL 3222	23
	E-mail address: (t	_14UI datona	mail. Com
For further information con-	cerning this matter, please ca	H:	
Lance A	Zier erson	at (<u>904</u>) <u>334</u> -	- 8187 elephone Number
Englosed is a check for the	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 P.O. Box 6327 Tallahassee, F1, 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



16

	idations		2019 AFR -8	PH 5:
(<u>Name of the Eimited Liability Co</u> (A Florida Lim				
The Articles of Organization for this Limited Liability Comp Florida document number 1900 686339.	any were filed on	3/28/20	19 and assigned	2 111
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company her	<u>e</u> :		
The new name must be distinguishable and contain the words "Limited I	.iability Company," the des	signation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		·		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>			
				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records, <u>ente</u>	r the name of th	e new
Name of New Registered Agent:			-	
New Registered Office Address:				
	Enter Floric	la 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 Title <u>Name</u> **Type of Action** 11886 Mt. Ash Rd E. VAdd Lance Zier Jacksonville, FL 37223__ Change □ Add ☐ Remove _□ Change □ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change

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(If an effect Note: If	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated _	Signature of a member or authorized representative of a member
	Heather L Zion Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00