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(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
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MAY 20 2019 S. YOUNG



COVER LETTER

TO:	Registration Section Division of Corporat				
SUBJI	ECT:	Name of Limit	nev Qving ed Liability Company	S. Llc.	
The en	closed Articles of Amer	ndment and fee(s) are subm	nitted for filing.		
Please	return all corresponden	ce concerning this matter to	o the following:		
	_		W. C.X. Edam Name of Person	5	
	_		Medi, Law F	_	
	-	2151			
		Cural	Address (14b/C) FC City/State and Zip Code	, 3313	/
	-	IN FO a Th	O'E Med. Law F. r.	oort notification)	
For fur	ther information conce	rning this matter, please cal	II:		
	l	ax Adams	at (365) (144-34	S4
	Name of Pers	io n	Afea Code	Daytime Telephon	e Number
Enclos	sed is a check for the fol	lowing amount:			
(5) \$ 2	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed)	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, 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 Liability Comp	Sawing 5 CC. any as it now appears on ou Liability Company)	r records.)
The Articles of Organization for this Limited Liability Company Florida document number	• •	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab Enter new principal offices address, if applicable:	oility Company," the designati	on "LLC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		9.
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	21 address
	City	, Florida 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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an effective date is li ote: If the date in	serted in this block	te of filing: specific and cannot be p does not meet the app rtment of State's reco	plicable statute	ling or more than 90 ory filing requires	(optiona days after fili ments, this da	ng.) Pursuan	t to 605.0207 be listed as
	iaa a dalawad af	ffective date, but	not an effe	ctive time, at	12:01 a.m	n. on the	earlier o
	after the record						
The 90th day	after the record						
The 90th day	after the record	l is filed.			>		

Page 3 of 3

Filing Fee: \$25.00