## L19000110169

(Requestor's Name)
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Special Instructions to Filing Officer:



02/16/21--01907--012 \*\*25.00

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## **COVER LETTER**

TO: Registration S Division of Co					
SUBJECT:	Lavs Tei	ocking HC			
	Name of La	OCK 17 G LLC nited Liability (Dunpany			
The enclosed Articles of	'Amendment and fee(s) are sul	brutted for filing.			
Please return all correspond	indence concerning this matter	r to the following:			
	Tar	nes Lavernder			
	Lau	15 TRIVELING L	LC		
	<u> 1306 S</u>	W 74th aven	<u> </u>		
	Devito 1	Chystate and Zip Code	L 33068		
	G.0765 M:-mail address; (	d. Tays truckins ne to be used for future annual report non	fication)		
For further information c	oncerning this matter, please c	all:			
James	Lavender	at (346) 883-	-4051		
Name o	t Person	Area Code — Daytim	e l'elephone Number		
Enclosed is a check for the	ne following amount:				
<b>☼</b> \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	© \$55,00 Filling Fee & Certified Copy (additional copy wenelood)	S60 00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres Registration S		Street Address: Registration Ser	ction		
Division of C		•	Division of Corporations		
P.O. Box 632		The Centre of T			
Tailahassee, i	4. 32314	2415 N. Monro	e Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Same of the Limited Liability Company of the now influence on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on $4-30-30/9$ and assigned Florida document number $1/9000/10/69$ .
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LaLC,"
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new malling address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent: James Laventer
New Registered Office Address: 1306 St 74H) Street-
New Registered Office Address: 1306 SW 74H) Street  Emer Florida street address  N. Lauderdale Florida 33068 3  City 24 Code - 7
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 to 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

	ding Authorized Perso wed from our records:	n(s) authorized to manage, <u>enter the title, name, ar</u>	nd address of eac	h person-being added
	Manager Authorized Member			
<u>Title</u>	<u>Name</u>	Address	/	Type of Action

Title	Name	Address	Type of Action
			CAdd
			□Remove
			□Change
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			☐ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Effect	we date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
the recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	January 15, 2021
	Signature of a member or authorized representative of a membe.
	James Laverder

Filing Fee: \$25.00