## L19000149455

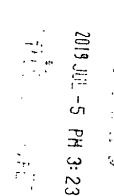
(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Na	me)
(Do	cument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to I	Filing Officer:	





900330601709

QT/QT/13-+01934+4165 (\*\*25.)



R. WHITE

## **COVER LETTER**

ÿ

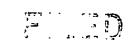
TO:	Registration Sec Division of Corp			*
C111511		ANEOUS & THINGZ LLC		
SUBJI	3C1:	Name of Lim	ited Liability Company	<del></del>
The en	closed Articles of a	Amendment and fee(s) are sub	mitted for tiling.	
Please	return all correspo	ndence concerning this matter	to the following:	
		JOEL SCHMITZ CPA		
			Name of Person	
		JOEL SCHMITZ CPA		
			Firm/Company	-
		2436 CENTRAL AVE		
			Address	·
		ST PETERSBURG, FL 33	3713	
			City/State and Zip Code	
		$joel(\widehat{q},joelsehmitz.com)$		
		E-mail address: (	to be used for future annual report noti	fication)
For fur	ther information ed	oncerning this matter, please c	all:	
JOEL	SCHMITZ CPA		727 471-8580	
	Name of	f Person	at () Area Code Daytim	ie Telephone Number
			·	,
Enclos	ed is a check for th	ie following amount:		
<b>■</b> \$2	5.00 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, 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



2019 JUL -5 PM 3: 2

MISCELLANEOUS & THINGZ L		
(Name of the Limit	ed Liability Company as it now appears on our (A Florida Limited Liability Company)	r records.): , [[]
The Articles of Organization for this Limited Li	ability Company were filed on 06/05/201	and assigned
Florida document number L19000149455	· · ·	
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation	on "L1.C" or the abbreviation "L.1C."
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE )	BOX)	
B. If amending the registered agent and/registered agent and/or the new registered of	•••	records, <u>enter the name of the</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	
	Enter Florida stree	n aaress
	City	, Florida Zip Code
	U.ny	z.ip+oac

## 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 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, <u>enter the title, name, and address of each person\_being are removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	TAYLOR, MICHAEL	4905 34TH ST S UNIT 261	
		ST PETERSBURG, FL 33711	
			■ Remove
			Change
			☐ Remove
			Change
	<del>, ,</del>	<del>-</del> -	Add
		Remove	
			□ Change
			□ Remove
			Change
		<u> </u>	
		□ Remove	
			Change
	_		
		☐ Remove	
			Change

	<u> </u>
(If an Not	ctive date, if other than the date of filing:
the r ) Tl	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier ne 90th day after the record is filed.
Date	Signature of authorized representative of a member
	CHESTER L GARRETT  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00