# 119000 159 199

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(2.1),
PICK-UP WAIT MAIL
(Business Entity Name)
(business Entity Name)
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C Kiuzea

## **COVER LETTER**

TO: Registration Secti Division of Corpo			
SUBJECT: 15 The	rt Paper, LLC Name of Limi	ited Liability Company	
The enclosed Articles of An	nendment and fee(s) are subr	mitted for filing.	
Please return all correspond	ence concerning this matter t	to the following:	
	Jonathan	E: Lowe Name of Person	
	is that Pap	Her, LLC	
	-	Firm/Company	
	245 Lake	e Seninary Circ	le
	Maitland,	FL. 3275/ City/State and Zip Code  @ gmail. Com o be used for future annual report notifi	
	ilanana	City/State and Zip Code	
	L-mail address: (t	o be used for future annual report notifi	cation)
	cerning this matter, please ca		,
Jonatha,	V E. LOWE	at (321) 689-7 Area Code Daytime	7700
Name of Po	erson	Area Code Daytime	Telephone Number
Enclosed 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, 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

15 that taper, L	.LC
( <u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabilit	ty Company were filed on $\frac{6/17/2019}{1}$ and assigned
This amendment is submitted to amend the following	g:
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 "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AL	ODRESS)
Enter new mailing address, if applicable:	EC 7
(Mailing address MAY BE A POST OFFICE BOX)	
Training dualess MATA BEAT TOST OF THE BOA	
	r: 07
B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office address on our records, enter the name of the new address here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
<del></del>	, Florida
New Registered Agent's Signature, if changing Regist	
The residence incent a organitation in changing Merine	No. 10 Contract Contr

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:

	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Julie Little	245 Lake Senivary cir	
		245 Lake Seninary Cin Maitland, FL. 32751	Remove
			Change
	<del> </del>		Add
			Remove
			Change
	,		
		<del>-</del>	□ Remove
			Change
			Add
			Remove
			Change
			□ Remove
			Change
			□ Remove

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ective date, if other the	an the date of filing: (optional)
te: If the date inserted in	date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 this block does not meet the applicable statutory filing requirements, this date will not be listed a
cument's effective date or	the Department of State's records.
record specifies a de	elayed effective date, but not an effective time, at 12:01 a.m. on the earlier
he 90th day after th	
12 12	20 / Or
ted 12 - 12	2017
	fruit E. Soul
-	Signature of a member or authorized representative of a member
	Jonathan E. Lowe
	Typed or printed name of signee

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Filing Fee: \$25.00