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(Requestor's Name) (Address) (Address)	100332665851
(City/State/Zip/Phone #)	08/05/1901028002 ** 25.00
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TO:	Registration Section
	Division of Corporations,

Referrals with the Girls, LLC

Tallahassee, FL 32314

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SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

	Paige Brewer		
		Name of Person	
	Referrals with the Girls, I	.L.C	
		Fimi/Company	
	110 W International Spee	dway Blvd	
		Address	
	Daytona Beach, FL 32129)	
	paige@nexthomeatthebeac	City/State and Zip Code h.com	
	E-mail address: (to be used for future annual report no	tification)
	concerning this matter, please c		
Paige Brewer		386 506-7821 at ()	
Name e	f Person		ne Telephone Number
Enclosed is a check for t	he 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)
Regist	ING ADDRESS: ration Section on of Corporations	STREET/COUR Registration Secti Division of Corpo	
P.O. B	ox 6327	Clifton Building	

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

Referrals with the Girls, LLC

1.11

(<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on	_ and assigned
L19000163056	
Florida document number	

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 "LLC."

Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	19 ALL
Enter new mailing 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 r registered agent and/or the new registered office address here:

	City	Zip Code
	. FI	orida
New Registered Office Address:	Enter Florida street addre.	\$\$
Nau Pagistard Office Address:		
Manie of New Negistered Agent.		· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:		

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 1 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

or removed from our records:

,

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Robyn Stahl, LLC	112 IMPERIAL HEIGHTS DR	
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July 12, 3	2019	

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E.	. Effective date, if other than the date of filing:	(optional)
	(If an effective date is listed, the date must be specific and cannot be prior to	b date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(1
	Note: If the date inserted in this block does not meet the applical	ble statutory filing requirements, this date will not be listed as the
	document's effective date on the Department of State's records.	

If the record 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 record is filed.

	August 2	2019
Dated _		
		Jum 1m -
		USignature of a member or authorized representative of a member
		Paiae trewer
		Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00