U9000168437

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700333281327

700333281327 08/19/19--01001--016 **175.00

19 AUG 16 FM 4: 44/L) AHASSEE, FLORID

FILED

AUG 1 6 2019 S. YOUNG

COVER LETTER

'O: Registration Section Division of <u>C</u> orpora fic us	
Re LINCO 17/21 LCC	
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:	
Henry Collins	
Name of Person Refuge 12/2/20 Firm/Company	
3/05 NW 107 M Ave Suite 400	(
Doral Address 33172	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call: 786 297 - 9009	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee. Certificate of Status & \$\Bigcup \$certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee. 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 POLICIE 17/71 16C

(Name of he Limited Lightlity Co	mpany as it now appears on our ted Liability Company)	records.)
The Articles of Organization for this Limited Liability Comp	nany were filed on <u>July</u>	11 2019 and assigned
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 I	Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		20 15
(Principal office address MUST BE A STREET ADDRES:	<u> </u>	
	<u></u> -	FILE METARY L NHASSEE.
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent:	ed office address on our s here:	records, enter the name of the new
New Registered Office Address:	Enter Florida str	vet address
	1	
 -	City	, Florida Zφ Code
New Registered Agent's Signature, if changing Registered A	<u>gent:</u>	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comaccept the obligations of my position as registered agentishing filed to merely reflect a change in the registered company has been notified in writing of this change.	plete performance of my d it as provided for in Chapt	uties, and Fam familiar with and er 605. F.S. Or, if this document is
ī	If Changing Registered Agent. S	lignature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person occur added or removed from our records:

MGR = Manager

AMBR = Authorized Member Type of Action <u>Address</u> <u>Name</u> <u>Title</u> ☐ Change Mercudo Maria AlEJundra _□ Change □ Add _□ Remove ☐ Change _□ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove _□ Change

	auding this other anotheron. ener change, or the
-	
-	
-	
ĩ	
-	
-	
-	
-	
-	
(If an e <u>Note:</u> docui	tive date, if other than the date of filing:
he re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 290th day after the record is filed.
Dated	Λ
	rignature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00