(Requestor's Name)							
(Address)							
(Address)							
(riddless)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
, (225,1000 21,101, 1,101,10)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

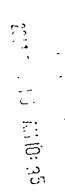
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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE		ordable Karz, LLC		
SOBI		Name of Lim	ited Liability Company	 -
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Terry Rewis		
			Name of Person	
		Terry's Affordable Karz, L	LC	
			Firm/Company	
		2168 d e long rd		
		**	Address	
		macclenny/fl 32063		
		terrysaffordablekarz@gmai	City/State and Zip Code Leom	
		E-mail address: (to be used for future annual report notifi	cation)
For fur	ther information c	oncerning this matter, please ca	all:	
Тепу	Rewis		904 259-2393 at ()	
	Name o	f Person		Telephone Number
Enclos	ed is a check for th	ne following amount:		
\$ \$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

TERRY'S AFFORDABLE KARZ, LLC

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

·		
The Articles of Organization for this Limited Liability		and assigned
Torida document number L19000227723	·	
This amendment is submitted to amend the following:		
. If amending name, enter the new name of the li	mited liability company here:	
he new name must be distinguishable and contain the words "L	imited 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 ADD	<u> </u>	
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
		_
B. If amending the registered agent and/or regestered agent and/or the new registered office ac		ords, enter the name of th
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ac	ddress
		_, Florida Zip Code
		r iofida

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 t 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

•						• • • •		,				
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<u>Title</u>	<u>Name</u>	Address	Type of Acti
mgr	sandra davis	2168 d e long rd., macclenny fl 32063	
			■ Remove
			Change
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			Remove
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" 			
			
Note: If the date inserted in thi	must be specific and cannot be prior	to date of filing or more than 90 table statutory filing requires	(optional) 0 days after filing.) Pursuant to 605.020 ments, this date will not be listed a
the record specifies a dela The 90th day after the		ot an effective time, at	12:01 a.m. on the earlier of
Dated Oct. 9	2019		
- <u>-</u>	Q.		
_ deruf	Signature of a member or auth	orized representative of a mem	ber
	<u> </u>	,	
Terry Rewis			
	Typed or print	ed name of signee	

Page 3 of 3

Filing Fee: \$25.00