L19000 232 969

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	: #)
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SB -6 1 - Louis History

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COVER LETTER

TO: Registration Section of Corp.		•		
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	Kint	perly R. Gilmore		
	Love (Check, LLC Finn/Company		
	<u>POB</u> 9	592/ Address		
	Lale		·	
	Love Check E-mail address: (Mary FL 3279) City/State and Zip Code -for/Du 2 g mail. C to be used for future annual report notif	SM (cation)	
For further information con	cerning this matter, please c			
Kimbea Name of P	Ly Gilmore erson	at (<u>48</u>) <u>\$48</u> - Area Code Daytime	1700 Telephone Number	
Enclosed is a check for the	following amount:			7.
S25.00 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 State Certified Copy (additional copy is encl	

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

Love the	ck. Llc
(<u>Name of the Limited Liah</u> (A Flor	ility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on 9/19/19 and assigned
Florida document number <u>L1900332</u>	969
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
The new name must be distinguishable and contain the words "Li	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	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the properties of the second agent and/or registered agent	stered office address on our records, enter the name of the new
registered agent and/or the new registered office add	dress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code

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 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	Kimberly R. Gilmore	POB 952/2/	Ø Add
	/	POB 952/2/ Lake Mary FL 32795	□ Remove
			Change
			🗆 Remove
			Change
			□ Remove
			Change
			Remove
			Change
			□ Remove
		Change	
			🗆 Add
			□ Remove
			□ Change

D. II-am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an ef Note:	ive date, if other than the date of filing: [cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the tent's effective date on the Department of State's records.
(D) INE	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Signature of a member or authorized representative of a member Kunbery L. Gilman Typed or printed name of signee
	Kimberly 1. Glorone
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

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Filing Fee: \$25.00