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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
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08/24/20--01033--012 **25.00

2020 AUG 24 AM 8: 22
SECRETARY OF STATE



COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration : Division of C					
SUBJECT:	Central flori	4a Bo4+ Limited Liability Compar	Detailin	g LLC	
			··	•	
The enclosed Articles of	of Amendment and fee(s) are	submitted for filing.			
		_			
Please return all corres	pondence concerning this ma	tter to the following:			
		anje W	lest		
	(entral floo				
	8837 foun	tain Palm	Alley		
	winter c	rarden FL City/State and Zip	34787		
	, , , , ,	City/State and Zip	Code		
	daniel we	ss; tto be used for future a	/· Com	tion)	
For further information	concerning this matter, pleas		minum report mornea	ilvii į	
Name	of Person	at (Area Code	Daytime Te	dephone Number	
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Co (additional copy	ру	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addr			eet Address:		
Registration Division of	Corporations		Registration Section Division of Corporations		
P.O. Box 63	•		e Centre of Tall		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2020 AUG 24 AM 8: 22
records CRETARY OF STATE TALLAHASSEE, FL
9 2019 and assigned
on "LLC" or the abbreviation "L.L.C."
, enter the name of the new register
et address
Florida Zip Code

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
<u>P</u>	Daniel West	8837 Fountain Palm Alley	□Add
			ZRemove
			□Change
àMB C	Daniel West	8837 Fountain Palm Ally	Z Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			□Change
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Effect	ive date, if other than the date of filing:
Note:	ive date, if other than the date of filing:
the recor	d 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 led.
Datad	08/21/2020
Dated	
Dated	Signature of a member or authorized representative of a member

Typed or printed name of signee