L20000017039

(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



900340356509

02/06/20--01011--025 **25.ng

20 FEB - 6 #MW: WI



COVER LETTER

Division of Cor	porations	•	
SUBJECT: A TO	DIW 4 YOU	LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	matth	ew Drake	
		Name of Person	
		Firm/Company	
	6470 E	Elmhurst	<u>ct</u>
	Pinellas	Ptrk F133 City/State and Zip Code towkous S@c	3782
	PINELIAS E-mail address:	to be used for future annual report notific	Jmoul. Com
For further information c	concerning this matter, please c	all:	
matthele) Drake	at (727) 869-	-2697
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (auditional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street. Suite 810
Tallahassee, FI. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1 TOWN 4 YOUR ILC

(Name of the Limited Lial (A Flo	bility Company as it n rida Limited Liability C	ow appears or lompany)	ı our records.)			
The Articles of Organization for this Limited Liability Florida document number <u>L20000170</u>		1.7	09/20)	and as	ssigned
This amendment is submitted to amend the following	:					
A. If amending name, enter the new name of the I	DYS L	-LC		he abbrev	riation "l	"LaC."
Enter new principal offices address, if applicable:		<u>. </u>				
(Principal office address MUST BE A STREET AD	DRESS)		i		20	
				::_	رین (غا	*
					9.	;==:
Enter new mailing address, if applicable:				- · · · · ·		<u>rri</u>
(Mailing address MAY BE A POST OFFICE BOX)				<u>,;;, </u>	 	
					Ę	
B. If amending the registered agent and/or registe agent and/or the new registered office address here		on our reco	rds, <u>enter the i</u>		f the no	ew register
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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			<u> </u>
			Remove
			Changel
			□ Change
			□Remove
			□Change
			□Add
			□Remove
			□Change

<u>el</u>	noli	1 Ch Plias	<u>an</u>	90 t	70 <u>5</u>	<u> </u>	201	1 (1		_
<u>.</u>	PIPI	KIIUS	<u> </u>		<u> </u>	(30)11	7000	<u>1. C C</u>	<u> </u>	1
				<u> </u>						
										
							<u> </u>			
										
								- 2:	20	
									<u> </u>	1)
								, ·	_ 	1
						•••				
	-					 -		133. 1571		
				 						
 .										
	_	A 700 MUN			 .					—
(If an effective o <u>Note:</u> If the	date is listed, the date inserted	han the date e date must be sp in this block do on the Departn	ecific and ea	nnot be prior tet the applica				tiling.) Pe		
ie record spec ord is filed.	ifies a delayer	d effective date	, but not an	reffective tir	me, at 12:01 a	m, on the ear	lier of: (b) The 9	0th day	after the
Dated	Pb.	<u> </u>	`	20 2	20					
		Valte	~ \	Dry	he_					
					rized represent:					

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Filing Fee: \$25.00