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(Request	or's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates of	Status
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## **COVER LETTER**

TO: Registration Se Division of Cor		·	
SUBJECT: SUBJECT:	new Acho 11	16	
30B3EC1	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		
Please return all correspo	ndence concerning this matter	to the following:	
	De Jo	Name of Person	<del></del>
	Jecney	ActoLLC Firm/Company	
	2119	Pecon Ln Address	1 111 and
	Tallaha	SSec FL 32303 City/State and Zip Code	3
		Acto LLE Canal. Co to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Le Juga Name o	Robert Person	at (SO) SOS Daytim	e Telephone Number
Enclosed is a check for th	ne following amount:		
S25.00 Filing Fee	S30.00 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 Addres		Street Address:	
Registration S		Registration Se	
Division of C	amarations.	Division of Cor	norotione

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited I	iability Company : Florida Limited Liab	as it now appea	rs on our record	<u>s.</u> )		
The Articles of Organization for this Limited Liabi Florida document number <u>L20000</u> 46(	lity Company we		_		_ and as	ssigned
This amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of the	e limited liabilit	y company h	ere:			
The new name must be distinguishable and contain the words	s "Limited Liability	Company," the	designation "LLC	" or the abbre	viation "	L.L.C."
Enter new principal offices address, if applicable	e: _	· · · · · · · · · · · · · · · · · · ·				
Principal office address MUST BE A STREET A	(IDDRESS)	<del></del>				
	_	· ·-	<u> </u>	<del></del>	<del></del>	
Enter new mailing address, if applicable:				TA C	2020	
Mailing address MAY BE A POST OFFICE BO	<u>-</u>				- <del></del>	1 1
	_			<del></del>	1/2	*****
3. If amending the registered agent and/or regis		lress on our	records, enter	the name o	of the n	registe
ngent and/or the new registered office address h	<u>ere</u> :			: 	: 0	$\cup$
Name of New Registered Agent:	Kan.Sta	Stev	vat	· . ·	7	
New Registered Office Address:		Enter Flo	rida street addres.	s		
			Fla	orida		
-	<del></del>	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 rémoved from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>AMBR</u>	Konsha Stawet	1917 Trimble Rd Tollhasse f	Z ØAdd
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l FF wations	data if ather than the data of filing.
f an effect Note: - If	date, if other than the date of filing:
e record s d is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	3-2-20
	Signature of a member or authorized representative of a member
	_