## L200001224

	(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:
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## **COVER LETTER**

TO: . Registration Se Division of Cor			
RE-CAP III			
SUBJECT:		nited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Charles H. Musgrove, Jr.		
		Name of Person	
		Firm/Company	
	2001 Thomasville Road		
	Tallahassee, FL 32308	Address	
		City/State and Zip Code	<del></del>
	cmusgrove@beanteam.com	·	
	E-mail address: (	to be used for future annual report not	ification)
For further information co	oncerning this matter, please c	all:	
Charles H. Musgrove, Jr.		850 545-4923	
Name of	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 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 S	Section	<u>Street Address:</u> Registration Se	
Division of Corporations P.O. Box 6327		Division of Co The Centre of 1	•
Tallahassee, F			e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	_ and a	ssigned
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	SECRETARY OF STATE	£7.7 <b>5</b>

## 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.

Cin

Zip Code

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	First American Exchange Company	215 S State St Ste 380	□Add
		Salt Lake City, UT 84111	≣Remove
MGR (	Charles & Paula Musgrove Revocal	5350 Carisbrooke Lane	<b>=</b> Add
	Charles & Paula Wlusgrove Revicable Trust	Tallahassee, FL 32309	□Remove
			□Change
	<del></del>		□Add
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ective date, if other that effective date is listed, the date:  If the date inserted in tument's effective date on	te must be specific an his block does not	d cannot be prior to meet the applicab			after filing.) Pu		
cord specifies a delayed ef s filed.	fective date, but no	t an effective time	e, at 12:01 a.m.	on the earlier of	: (b) The 9	Oth day after t	he
ed August 5		. 2020					
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- Chil X	May(a Signature of a						