120000071683

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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12/02/20--01006--012 **25.00



1/14/21

COVER LETTER

TO: Registration Sec Division of Corp			,
SUBJECT: <u>LS</u>	uciter Proofing Name of Pimi	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subt	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Larry Z STONE	Name of Person	
	15 inter 8	Name of Person Nocking LL C Pirmy Company	
	_196_28iL S	Address	
	Edgewater	City/State and Zip Code Compared to be used for latture annual report notice.	
	Land Strouble	to be used for lature annual report noti	lication)
For further information c	oncerning this matter, please ca	all:	
darry STOCKE	?/ (Person	at (<u>386</u>) <u>314-8</u> Area Code Daytim	2662 Telephone Number
Enclosed is a check for the	ne 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 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, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it n (A Florida Limited Liability C	ow appears on our records.)
The Articles of Organization for this Limited Liability Company were fill Florida document number <u>L2000071683</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	npany here:
The new name must be distinguishable and contain the words "Limited Liability Comp	any," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	1020
	<u>D</u> EC
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	1 7
	. 07
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	on our records, <u>enter the name of the new registere</u>
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 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	Large Stouffer fr.	196 23th ST Edgewater FL	32141
			□Remove
			□ Change
<u>ambr</u>	Leslies Thomas Jr.	1104 Norwood Dr. DelTonaF	Z EAdd
		32725	□Remove
		· · · · · · · · · · · · · · · · · · ·	□ Change
			□Add
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Note: I	e date, if other than the date tive date is listed, the date must be f the date inserted in this block nt's effective date on the Depart	does not meet the ap	plicable statutory fil	(option more than 90 days after fi ing requirements, this c	i al) ling.) Pursuant to 605.0207 (fate will not be listed as t
record d is file	specifies a delayed effective da d.	te, but not an effecti	ve time, at 12:01 a.m	a. on the earlier of: (b)	The 90th day after the
Dated _	11-17-20	·	·		
	11-11-20 				
	Jefs Sill	salure of member or	uthorized representati	ve of a member	· · · · · · · · · · · · · · · · · · ·
	/ L/ John	memoer or a memoer or	and the same of th		