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(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phon	e #)
(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:		
(Bus	iness Entity Nar	me)
(Doc	ument Number))
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	

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COVER LETTER

Division of Cor	•				
516 McKen SUBJECT:	zie, LLC				
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	indence concerning this matter	to the following:			
	C. Jason White				
		Name of Person			
	516 McKenzie, LLC				
		Firm/Company			
	516 McKenzie Ave.				
		Address			
	Panama City, FL 32401				
	Address				
		to be used for future annual report notif	ication)		
For further information c	oncerning this matter, please ca	all:			
C. Jason White		850 784-0809 at ()			
Name o	f Person		e Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres		Street Address:			
Registration 5	Section	Registration Sec	JUON		

Registration Section
Division of Corporations

P.O. Box 6327

TO:

Registration Section

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

ipany as it now appears on ed Liability Company)	<u>our records.</u>)			
o Bleening company				
The Articles of Organization for this Limited Liability Company were filed on $\frac{05/29/2020}{\text{Florida document number}}$				
ability company here:				
ability Company," the design	ation "LLC" or the abbre	eviation "	L.L.C."	
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Enter Florida street address				
, Florida				
City		Zip Cod	le e	
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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>	<u>Address</u>	Type of Action
MGR	Allen N. Jelks, Jr.	3908 W. 27th St.	□ Add
		Panama City, FL 32405	\equiv Remove
			□Change
MGR	Angela N. Warren	516 McKenzie Ave.	■ Add
		Panama City, FL 32401	282 Remove
			Change
			Add Remove
			Change
			□Add
			□ Remove
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		06/17/2020					
ective date, if other than effective date is listed, the date		ıg:	a data of filing or		optional)	Durauant to 605	026
e: If the date inserted in thi	s block does not	meet the applica					
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cord specifies a delayed effe s filed.	ctive date, but no	it an effective tin	ne, at 12:01 a.m	on the earlier of	of: (b) The	90th day after	' th
ed \$\(\(\mathbb{Z}\)		2020					
	•	. •	- '				
	ml	member or author					
•	Signature of a	member or author	ized representativ	e of a member			
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