## L20000347475

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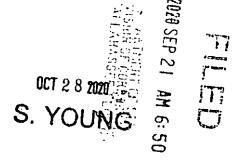
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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Ontral Glo	rula Seav	VCe8_
Name of Li	mited Liability Company	
The enclosed Articles of Amendment and fee(s) are su	bmitted for filing.	
Please return all correspondence concerning this matte	r to the following:	
	Sf // Name of Person	
Central	JLORIDA SERV Firm/Company	11055
11471853	Address	ARISTON Zl. 32668
MORRISTO	City/State and Zip Code  KJ 6(19@9m)  (to be used for future annual report notified)	8
Still Their E-mail address:	KJ 6(19@9m)	AIL. Com
For further information concerning this matter, please of		
Jack Stcu Name of Person	at ( <u>352</u> ) <u>441- C</u>	5230
Enclosed is a check for the following amount:		
S25.00 Filing Fee S30.00 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 Address: Registration Section	Street Address: Registration Sec	etion

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 Liab (A Flor	ility Company as it now appears on ida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number L20000247475	Company were filed on AUG. 1	5.0
This amendment is submitted to amend the following:		50
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	and the little of the latest and the	
	mined Liabiniy Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
		_
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	<u> </u>	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our record	ls, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	reet address
		. Florida
<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 removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Jack J. Still	11471 SE 32 ND PL., Morriston, FL 32668	
			□Remove
			□Change
MGR	Bob J. Still		□Add
		11470 SE 32 ND PL. Morriston FL.32668	=Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
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Tective date, if other than the effective date is listed, the date in this cument's effective date on the	ust be specific a block does not	nd cannot be prior meet the applic	to date of filing or eable statutory fi	more than 90 days	optional) after filing.) Pursuant , this date will not	to 605.0207 be listed as
ecord specifies a delayed effect is filed.	ive date, but no	ot an effective t	ime, at 12:01 a.r.	n, on the earlier o	f: (b) The 90th da	y after the
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