## L20000274876

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02/16/21--01037--003 \*\*25.00



S. YOUNG

## **COVER LETTER**

TO: Registration Section Division of Corporation		a de se en e	•
SUBJECT: COMP	lete Special Name of Limi	ited Lability Company	OF FL, LLC
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Lers	Name of Person	M.R.
	Complete	Specialty Inter	vention of FL, LL e
	2477 SE	27th STreeT	
-	Okechobes Odonzi 900 E-mail address: (1	City/State and Zip Code  9397 a) aul. co to be used for future annual report notice	M fication)
For further information conc	erning this matter, please ca	all:	
DONNA T	ARRAMOCR erson	at (S&3) 497~ Area Code Daytime	7 337 c Telephone Number
Enclosed is a check for the f	ollowing 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:	ition	Street Address:	ution

Registration Section
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 Liability Compar (A Florida Limited L	iv as it now appears on our records.)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L2000027487</u> .	
A. If amending name, enter the new name of the limited liabile  Omplete Scene Theore  The new name must be distinguishable and contain the words "Limited Liability and Contain the words" and Contain the words "Limited Liability and Contain the words" and Contain the words "Limited Liability and Contain the words" and Contain the words "Limited Liability and Contain the words" and Contain the words "Limited Liability and Contain the words" and Contain the words "Limited Liability and Contain the words" and Contain the words "Limited Liability and Contain the words" and Contain the words "Limited Liability and Contain the words" and Contain the words "Limited Liability and Contain the words" and Contain the words "Limited Liability and Contain the words" and Contain the words "Limited Liability and Contain the words" and Contain the words "Limited Liability and Contain the words" and Contain the words are contain the words and Contain the words and Contain the words are contain the words and Contain the words are contain the words are contain the words and contain the words are contain the words are contain the words and contain the words are contain the words ar	
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	2477 SE 27th STreet OKERCHOBER, FL 34974
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	2477 SE 27th STreeT OKeechobee, FZ 34974
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	NA
New Registered Office Address:	Enter Florida street address
	, Florida
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>	Address	Type of Action
	NA		
·			□Remove
		<u> </u>	
			□Remove
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. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	$\mathcal{N} \mathcal{A}$
	<del></del>
	<del></del>
(If an e Note:	tive date, if other than the date of filing:    3   3
the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	La hotana
	Signature of a member or authorized representative of a member
	) ~

F. ...