## L2100035457

Office Use Only



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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	eath a St	Ma. He	
SUBJECT.	Name of Lim	ited Liability Company	
	A CATHAR SAME SAME SAME SAME SAME SAME SAME SAME		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	,		
	Coleen	Junarer Sh Name of Person	Model
	_	Sme LLC	
	_	Firm/Company	
	Po Box	9305	
	. 1	Address	
	F		
		City/State and Zip Code	<del></del>
	E-mail address; (i	to be used for future annual report notif	fication)
For further information co	ncerning this matter, please co	all:	
Colen In Name of	rue ( SAVda Person	at (SQ) 3/6 Area Code Daytime	SS 4-9 e Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status &
Mailing Address	<u>:</u>	Street Address:	
Registration S	ection	Registration Sec	
Division of Co P.O. Box 6327		Division of Cor The Cemre of T	
1.0.00.00327		THE COURT OF L	unuquasee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Axathe Ston	e LC	
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.)  oility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number 12/00035457.	ere filed on <u>LU 000 3545</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
The new name must be distinguishable and contain the words "Limited Liability  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	Company," the designation "LLC" or the abl	previation "L.L.C."
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		128
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
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		<u> </u>
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	lress on our records, enter the name	of the new registered
Name of New Registered Agent:		
New Registered Office Address:	<del></del>	·
	Enter Florida street address	
. <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						
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record is file		elayed effect	tive date, but not an	effective tin	ne, at 12:01	a.m. on th	ne earlier o	ft (b) Th	e 90th c	iay after the
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		<del></del>	Signature of a me	mber or author	rized represe	ntative of a	member			
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Filing Fee: \$25.00