## U7100540

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT N	1AIL
(Business Entity Name)	<del></del>
(Document Number)	
Certified Copies Certificates of Status _	
Special Instructions to Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO: Registration Se Division of Cor			· *
Z11947llc		*	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	stephen maddox		
		Name of Person	
	<del></del>	Firm/Company	<u> </u>
	3700 airfield dr west		
		Address	
	lakeland fl		
	sfmaddox@aol.com	City/State and Zip Code	
		to be used for future annual report no	uffication)
For further information of	concerning this matter, please c	all:	
stephen maddox		863 6609065 at ()	
Name o	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u> Registration		Street Address: Registration S	ection
Division of C		Division of Co	orporations

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

s on our records.)
0/1947 and assigned
ere:
esignation "LLC" or the abbreviation "L.L.C."
70
(/)
IP
<del>.</del>
ecords, enter the name of the new registe
بر ج ن
rida street address
, Florida
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 a 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 ac or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	<u>Address</u>	Type of Action
mgr			
			□Remove
			Change
		<u> </u>	
			□Remove
			Change
			□Add
			□Remove
		Change	
			□Change
			□Add
			□Remove
			Change
			Remove

). If amending any other information, enter change(s) here: (Attach additional sheets,	ij necessary.)	
	21 S P	
	-0	
	<u> </u>	اسد
Effective date, if other than the date of filing:	(optional)	
(If an effective date, it listed, the date must be specific and cannot be prior to date of filing or more than 90 da  Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	ys after filing.) Pursuant to 605.	od as th
he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier ord is filed.	r of: (b) The 90th day after	r the
Dated 9/13/21 stephen maddi STEPHEN MAC	dox	
Signature of a member or authorized representative of a member		
stephen maddox		
Typed or printed name of signee		

Filing Fee: \$25.00