## 121000427954

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT:	aughing flami Name of Lim	n No L.L.C ited Liability Company	<del></del>	
The enclosed Articles of /	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	IAN K.C SA	MITH		
	Laughing t	Name of Person  Tamingo LLC  Firey Company		
	_	ood Cir		
	North Fort	Myers Florida 33° City/State and Zip Code @amail.com	103	2071 11017 20
	iankcsmith	@amdil.com to be used for future annual report notifica	tion)	こりり
For further information ec	oncerning this matter, please co			<u>ي</u> ::
lan Smit	h	at (757_) 593 60	061	F.
Name of	Person	Area Code Daytime T	elephone Number	
Enclosed is a check for th	_			
☑ \$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 Registration S		Street Address: Registration Secti	on	
Division of Co	orporations	Division of Corpo	orations	
P.O. Box 632° Tallahassee, F		The Centre of Tal 2415 N. Monroe S		
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Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	ny as it now appears on our records.)	<del></del>	
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000427954</u> .		and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbr	reviation "L.L.C."	
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	4601 Vinewood ar North Fort Myers Florida 33903		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4601 Vinewood cir North Fort Myers Florida 33903		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name</u>	of the new register	rec
Name of New Registered Agent:			)
New Registered Office Address:	Enter Florida street address , Florida	4 2 3 3 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
New Registered Agent's Signature, if changing Registered Agent:	City	· Zip Code	

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 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
			□Add
			□Remove
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			Signature of	a member or auth	orized representa	tive of a member			

Filing Fee: \$25.00