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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Special Instructions to Filing Officer:





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THE SECRETARY OF STATE

COVER LETTER

TO: Registration S Division of Co			•
SUBJECT:	Lulfoel	Danes arti	Certar UC
	Name of Lim	ited Liability Company	•
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Bret	+ A Crandal Name of Person	
	Luit	Dep Dance Az	to Center Use
	46460		是是 21
		Erskurg R. City State and Zap Code	33711 RESERVED
For further information	E-mail address: (to be used for future annual report not	ification)
1 .		at (727), 459	411Z_ne l'elephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addro</u> Registration		<u>Street Address:</u> Registration Sc	ection
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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, FI. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

to Certar UC

Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Florida document number _ L Z L D O O 3 4 10 77 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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.

Cirv

Enter Florida street address

_. Florida ___

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
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		St. Peters burg Fr	Remove
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effective date is listed, the date must be specific and canno e: If the date inserted in this block does not meet the	it be prior to date of fi ie applicable statut	iling or more than 90 da .orv filing requireme	iys after filing.) Pu nts. this date wil	rsuant to 605,0207 I not be listed as
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