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SECNE NARY PARAMETERS



## **COVER LETTER**

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Tallahassee, FL 32314

TO: Registration Se Division of Cor			
SUBJECT:	dino Handym Name of Jim	an SCYVICCS L	1C_
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	kim	burm Hurnare	dez
	F	tornandi LLC	<u> </u>
	712	Lateside Ci	٧.
	kimp highti	City/State and Zip Code  White Hard Code  White Code to be used for future annual report not	8 properties com
For further information e	Oncerning this matter, please ca		(icatio¶)
Kimber ly Name o	Hernardez Person	at ( <u><b>561</b></u> ) <u><b>880</b> - Daytim</u>	1921 ne Telephone Number
Enclosed is a check for th	ne 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 euclosed)
<u>Mailing Addres</u> Registration S	Section	<u>Street Address:</u> Registration Se	
Division of C P.O. Box 632	-	Division of Cor The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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City	, Florida	Zip C	ode	
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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 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>	<u>Address</u>	Type of Action
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an effective	ate, if other than date is listed, the date	. the date of e must be specil	ruing: fic and ca	innot be pr	ior to date	of filing or	more than	(op) 90 days aft	( <b>Ional)</b> er filing.) l	Pursuant 6	×605,020
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Filing Fee: \$25.00