## L23000157161

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

Office Use Only



200406266892

inn na saulej nghulenga (kega,n)

S. ROBERTS

## **COVER LETTER**

	•	COVER LETTER	
TO: Registration Se Division of Cor			
SUBJECT: PC	PR Ahead A C Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Christine	Name of Person	
		Firm/Company	<del> </del>
	23968 5	an Criovanni driv	e, kij
	Land	City/State and Zip Code	34639
	E-mail address: (1	o be used for furtire annual report noti	amail. (om
For further information co	oncerning this matter, please ca	all:	
Chris Name of	Person Crique	at (3/7) 675 Area Code Daytim	£228 e Telephone Number
Enclosed is a check for the	e following amount:		
	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## Street Address:

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**

- 17182 A head A Cacher	M L L L L L L L L L L L L L L L L L L L
(A Florida Limited	Liability Company)
he Articles of Organization for this Limited Liability Company	were filed on March 29, 2523 and assigned
lorida document number <u>L 23000 (5 7 16)</u> .	·
his amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liab	oility company here:
he new name must be distinguishable and contain the words "Limited Liabi	P. C. The desired of the control of
ie new name must be distinguishable and contain the words "Limited Liabi	try Company, the designation LLC or the aboreviation L.L.C.
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	207
nter new mailing address, if applicable:	<del></del>
Mailing address MAY BE A POST OFFICE BOX)	
Halling Ballics Mill DE HI OUT OF 100 DOIL	
	_ ,
gent and/or the new registered office address here:	address on our records, enter the name of the new regis
	address on our records, enter the name of the new regist
gent and/or the new registered office address here:	
Name of New Registered Agent:	address on our records, enter the name of the new regist

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

Title	<u>Name</u>	Address	Type of Action
MGR	Christine Girgus	23908 San Giovanni drive	🗆 Add
			🗆 Remove
			Change
			🗆 Add
			Remove
			🗆 Change
			□ Add
			□Remove
			🗆 Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
		<u> </u>	□Remove
			Change
			□ Add
			□Remove
			Change

<del></del>	
<del></del>	
<del> </del>	
	•
<del></del>	
Note: If the d	e, if other than the date of filing:
If the record specif record is filed.	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	
	Christine Cricaus Signature of a member or authorized representative of a member

Filing Fee: \$25 0