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TALLAHAS SE STATI



## **COVER LETTER**

TO: Registration Section Division of Corpora	
SUBJECT: LRIC	Name of Limited Liability Company
The enclosed Articles of Am	sendment and fee(s) are submitted for filing.
Please return all corresponde	ence concerning this matter to the following:
	Roger W Sanchez Sanchez Name of Person
	Firm/Company
	217 S Sto. Dr BUSKIN
	Address
	RUSKIN F1 3357 6  City/State and Zip Code
-	E-mail address: (to be used for future annual report notification)
For further information conc	erning this matter, please call:
Roger W	Sanchez Sanchez at (843) 718 43 54  rson Area Code Daytime Telephone Number
Enclosed is a check for the fe	ollowing amount:
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status 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

TO:

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

	OF	FILED
LRIO INVESTMENT	15 HC	2024 SEP 19 AH 9: 25 SEUNE IS NOT THE STATE
(Name of the Limited Liabilit (A Florida	y Company as it now appea Limited Liability Company)	rs on our records.) Silver Aff 9: 25
The Articles of Organization for this Limited Liability Co Florida document number <u>ト タ H 600                                </u>	ompany were filed on	- 1/2 Mil   XII UIAIF
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company h	ere:
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: <u>(Principal office address MUST BE A STREET ADDR</u>	ESS) 217 9	5. Stor Or Kin fl 33570
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our i	ecords, enter the name of the new registered
Name of New Registered Agent:	Roger Wa	Souther Souther
New Registered Office Address:	17 Stor D	
	Enter Flo	nda street address
	City	Florida 33570

## 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Roger WSunders	217 S. Shor Dr	
		0 2105.5	□Remove
			Change
			□Add
		<del></del>	□Remove
			□Change
			🗆 Add
			□Remove
			□Change
	<del></del>		□Add
			🗆 Remove
			□ Change
			🗆 Remove
			□Change
			□Add
			□Remove
			ПС

	FIN # 99-3095475
•	
Effec	tive date, if other than the date of filling: (optional)
fan ei Note:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
locur	nent's effective date on the Department of State's records.
e reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
d is f	iled.
Dated	September 19th, 2014.
Ju.00	
	AH5
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00