L19000301294

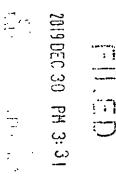
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COVER LETTER

TO: Registration So Division of Cor		V.	
SUBJECT:	CUAKER HIL Name of Limi	ted Liability Company	
	Amendment and fee(s) are sub-		
Please return all correspo	ondence concerning this matter t	to the following:	
	Michael 6	7 R AV LS Name of Person	
	HEALL	SCIENCE Firm/Company	
	420 Lex	nigton Ave RM	300
	New York	Chy/State and Zip Code 14 610 @ GMAi to be used for 15 use annual report notified.	4
	GREENEAR	174 610 @ GMA: L.	COM tication
For further information of	concerning this matter, please co		
Michael G	RAVES	at (Z/Z) 62(-9) Area Code Daytime	1008
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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 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

ARTICLES OF ORGANIZATION
OF

(A Florida Limited	Liability Company)	,	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 19000301 294</u> .	were filed on _	12/17/19	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab CUAKER HILL LL The new name must be distinguishable and contain the words "Limited Liabi	0		obreviation "L. t. C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	_N/A		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	;	2011 DE
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our	records, <u>enter the nan</u>	φ \smile
Name of New Registered Agent: New Registered Office Address: N/A		· ;	<u></u>
	Enter Flo	rīda street address	
	City	, Florida	Zip Code

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.

⊈ 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>	Name	Address	Type of Action
MGR	Enily GRAVES, VP	420 Lexington AVE RM NY, NY 10170	300 TAdd
			□Remove
			□Change
AMBR	JEAN GRAVES, SEC	HZO Lexington Ave, RM3 Ny, Ny 10170	00 DAdd
			□Remove
			□Add
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			Changa

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an effec <u>lote:</u> - lf	e date, if other than the date of filing: \(\frac{123/19}{123/19} \) (optional) tive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as not's effective date on the Department of State's records.
record is file	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.
ated	12/25/2019
	12/25/2019 Windle To-
	Signature of a member or authorized representative of a member
	MICHAEL GRAVES Typed or printed name of signee

Filing Fee: \$25.00