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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: Ch4	Name of Lim	heyenne 'S ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
-	Charl.	Name of Person	√
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
•	4125 A	IAN ShepA	ed Ave
	CocoA,	City/State and Zip Code	6
	<u>charne/so</u> E-mail address: (1	to be used for future annual report noti	fication)
For further information con	cerning this matter, please ca		
Charlott. Name of F	e Nelson Person	at (<u>321) 633</u> Area Code Daytim	-0456 e Telephone 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 (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy

MAILING ADDRESS:

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Charlotte & (Name of the Limited Lia (A Flo	bility Company as it now appears on orda Limited Liability Company)	ularve Lo	ukles, LLi	C
The Articles of Organization for this Limited Liability Florida document number 17000 2/7	y Company were filed on//	24/17	and assigned	
This amendment is submitted to amend the following	;	•		
A. If amending name, enter the new name of the l	limited liability company here:			
Charlotte & Cheye The new name must be distinguishable and contain the words	nne's L.L.C.			
The new name must be distinguishable and contain the words "h	Limited Liability Company," the design	nation "LLC" or the abb	reviation "L.L.C."	
Enter new principal offices address, if applicable:			- Carlos	
(Principal office address MUST BE A STREET AD	DRESS)			•
			3	
			, mgg	٠,
Enter new mailing address, if applicable:			Name -	•
(Mailing address MAY BE A POST OFFICE BOX)			3	
B. If amending the registered agent and/or re registered agent and/or the new registered office a		r records, <u>enter t</u>	he name of the ne	<u>w</u>
Name of New Registered Agent:	··		 	
New Registered Office Address:	/			
	Enter Florida s	treet address		
	· · · · · · · · · · · · · · · · · · ·	, Florida	 	
	City		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.

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** Type of Action Name Address Cheyenne Racca CUCOA, FL32926 Remo ☐ Change □ Add <u>--</u>□ <u>Rè</u>move □ Change □ Add □ Remove ☐ Change ☐ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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ective date.	, if other than the	date of filin	a•			(optional)	
n effective date	is listed, the date mu	st be specific and	d cannot be prio	r to date of filing	or more than 90 day	s after filing.) P	ursuant to 605,020
cument's effe	te inserted in this blective date on the D	epartment of s	neet the appli- State's records	cable statutory	filing requiremen	ts, this date wi	li not be listed a
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Filing Fee: \$25.00