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Amend CC

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COVER LETTER

Registration Section Division of Corporations

TO:

CHD IECT.	LM	P NICOLE L.L.C.	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Dave Evans, Esq.		
		Name of Person	
	Law Firm of H. Greg Le	e, P.A.	
		Firm/Company	
	2601 Cattlemen Road S	uite 503	
		Address	<u></u>
	Sarasota, Fl. 34232		
		City/State and Zip Code	
	pearcepad@gmail.com		
	E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
George Pearce		941 951-2330	
Name	of Person	at () Area Code Daytim	ne 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 (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Maria Con Parison 10

Zip Code

		OLE L.L.C.	· · · · · · · · · · · · · · · · · · ·
(Name of the Limi	ted Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)	ా చి.
The Articles of Organization for this Limited L Florida document number L09000023056	iability Company w	vere filed on March 9, 2009	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liabili	ty company here:	
The new name must be distinguishable and contain the v	vords "Limited Liability	Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address if applicables			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BON.	· · · · · · · · · · · · · · · · · · ·	
Maning aguress MAT BE A FOST OFFICE	<u>BUX)</u>		
B. If amending the registered agent and/or ragent and/or the new registered office address	egistered office add	dress on our records, enter the nam	ne of the new registered
Name of New Registered Agent:	George Pearce		
New Registered Office Address:	N/A		
		Enter Florida street address	
		, Florida	

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.

City

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	George Pearce	1703 North Drive Sarasota, FL 34239	≅Add
			□Remove
			Change
AMBR	Linda Pearce		🗆 Add
			□Remove
		1703 North Drive Sarasota, FL 34239	BChange
			□ Add
			□Remove
			□ Change
			□Add
			□Remove
			Change
1811			□Add
			□Remove
			□Сһалде
			□Add
			□Remove
			ПС ь

rei	moved as manager, but she shall remain a member thereof. The manager shall have the ability to
ma	ake all decision without the approval of any member.
	·
	
·	
effecti te: If t	date, if other than the date of filing:
cord sp s filed.	
ed	March 23, 2020 Lan M. Penne
	La M Pearce
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00