## 110000029602

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## COVER LETTER

TO: Registration Section Division of Corporations			·		
. Dechoker	HC		<i>*</i>		
SUBJECT:	GEC.	1			
	Name of Lim	ited Liability Company	<del></del>		
		ļ			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Lisa Carver				
		Name of Person			
	Dechoker LLC				
	· · ·	Firm/Company	·		
	1077 Columbine Way				
		Address			
	Erie, CO 80516				
	lisacarver4120@yahoo.com	City/State and Zip Code			
	E-mail address: (	to be used for future annual fep	ort notification)		
For further information (	concerning this matter, please c	all:			
Alan Carver		850 830-5 at ()	5588		
Name o	of Person		Daytime Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)		
	ING ADDRESS:		COURIER ADDRESS:		
Registration Section Division of Corporations		Registration Division of	Section Corporations		
P.O. Box 6327		Clifton Bull	ding		
Tallah	assee, FL 32314	2661 Execu	tive Center Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dechoker LLC		
(Name of the Limited Liability Compa (A Florida Limited I.	y as it now appears on our records.) iability Company)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number $\frac{\text{L}10000029602}{\text{L}10000029602}$	were filed on 03/17/2010	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<b>89</b> (⊤) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
		AN AN
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ice address on our records, ent	<u> </u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I a rovided for in Chapter 605, F.S. C uddress, I hereby confirm that the	m familiar with and Or, if this document is limited liability
ır Cnan	ging Registered Agent, <u>Signature of New</u>	Registered Agent

Page 1 of 3

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** Address Type of Action Name 1 MGR Alan Carver 1077 Columbine Way **■** Add Erie, CO 80516 ☐ Remove ☐ Change MGR Lisa Carver 10433 Garda Drive \_□ Add Trinity, FL 34655 ■ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove \_□ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change

. If amending any other info	rmation, enter change(s)	here: (Attach	additional sheets, if nec	cessary.)	
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Effective date, if other than (If an effective date is listed, the dat	e must be specific and cannot be	prior to date of filit	ng or more than 90 days afte	i <b>onal)</b> r filing.) Pursuant to 60	05.0207 (3)(b)
Note: If the date inserted in the document's effective date on t	is block does not meet the ap	plicable statutor	y filing requirements, thi	is date will not be lis	sted as the
document serietive date on t	ne department of state's rect	низ.	ļ		
46					ı
the record specifies a del- ) The 90th day after the		not an errec	tive time, at 12:01	a.m. on the ear	lier of:
•			}		
January 4 Dated	2018				
	<del>-///</del> ·	•			
////m	16/m		Ì		
<del>Cil s</del>	Signature of a member or	authorized represe	ntative of a member		
Lisa Carver					
<del></del>	Typedore	orinted name of sig	20de		
	i yped or p	nancu name or sig	grice:		

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Filing Fee: \$25.00