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(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nar	me)
(De	ocument Number)	
Certified Copies	Certificate:	s of Status
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COVER LETTER

TO: Registration Se Division of Cor		
Dechoker I	LC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	Lisa Carver	
	Name of Person	
	Dechoker LLC	
	Firm/Company	
	1077 Columbine Way	
	Address	
	Erie CO 80516	
	City/State and Zip Code	
	Icarver@dechoker.com E-mail address: (to be used for future annual report notification)	<u> </u>
For further information of	concerning this matter, please call:	
Lisa Carver	850 2406050 at (5:e
Name o	of Person Area Code Daytime Telephone Nu	imber 😂
Enclosed is a check for t	he following amount:	(C)
■ \$25.00 Filing Fee	Certificate of Status Certified Copy Certified Copy Certified Copy (additional copy is enclosed)	00 Filing Fee, Stificate of Status & Stified Copy Stifical Copy St

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 TO ARTICLES OF ORGANIZATION OF

Dechoker LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records, Liability Company))
The Articles of Organization for this Limited Liability Company	were filed on 03/17/2010	and assigned
Florida document number L10000029602		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) ticles of Organization for this Limited Liability Company were filed on 03/17/2010 and assigned a document number	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		·· ·
		<u>:</u>
		ವಿತ
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter t</u>	ne name of the new registered
		: 21
Name of New Registered Agent:		<u></u>
New Registered Office Address:		
	Enter Florida street address	
	City	Zip Code
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and provided for in Chapter 605, F	d I am familiar with and .S. Or, if this document is

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>	<u>Address</u>	Type of Action
MGR	Alan Carver	1077 Columbine Way	■Add
		Erie CO 80516	□Remove
	<u></u>		□Add
			□ Remove
			□Change
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Effective date, if other than the da	ate of filing:		(or	otional)	
fan effective date is listed, the date must boote: If the date inserted in this block	e specific and cannot be	e prior to date of filin applicable statutor	g or more than 90 days at v filing requirements.	fter filing.) Pursuant to 60 this date will not be lis	5.0207 ted as
locument's effective date on the Department	artment of State's re	cords.	,	>	,
				===	
record specifies a delayed effective d d is filed.	late, but not an effec	ctive time, at 12:01	a.m. on the earlier of:	(b) The 90th day after	er the
Dated June 23	2021				
D. (1					
Than Ca	su_				
Type Ca	gnature of a member of	or authorized represen	ntative of a member		

Filing Fee: \$25.00