1110001981

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Duning on Entity Manna)
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Canal Laboration to Filip Officer
Special Instructions to Filing Officer:

Office Use Only



400300838164

06/23/17--01011--065 **25.00

S. WARREN !JUN 3 0 2017

COVER LETTER

TO: Reg Div	istration Sec ision of Corp	tion orations		
CHID IEZET.		WOOD, L.L.C.		
SUBJECT			ited Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		David C. Koch, Trustee		
			Name of Person	
		2341 SHERWOOD, L.L.C	•	
			Firm/Company	
		PO Box 542307		
		<u> </u>	Address	
		Merritt Island, FL 32954-2	2307	
			City/State and Zip Code	
		casalomaholdings@gmail.e	om to be used for future annual report no	
For further i	iformation co	ncerning this matter, please ca	·	эшкинч
David C. Ko	och, Trustee		321 258-5503	
	Nume of	Person	at () Area Code Dayti	ime Tekpaone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 F	iling Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy tadditional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)

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 Uncle
Tallahassee, Ft. 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

2341 Sherwood, L.L.C		
(<u>Name of the Limited Liabi</u> (A Florid	ility Company as it now appears on our da Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability	Company were filed on01/05/201	1 and assigned
Florida document number L11000001987	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
he new name must be distinguishable and contain the words "Lii	mited Liability Company," the designation	n 11,C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
) If any a firm of the state of		
If amending the registered agent and/or regi egistered agent and/or the new registered office ado	istered office address on our re <u>dress here</u> :	cords, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address:	Enter Florida spec	achress
		Florida
	City	. FloridaZip Code
ew Registered Agent's Signature, if changing Registere	ed Agent:	
hereby accept the appointment as registered agent rovisions of all statutes relative to the proper and c eccept the obligations of my position as registered a wing filed to merely reflect a change in the register company has been notified in writing of this change.	complete performance of my dan igent as provided for in Chapter red office address, I hereby confit	es, and I am familiar with and 605, F.S. Or, if this document is
	•	

If Changing Registered Agent, Signature of New 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

<u>Title</u>	<u>Name</u>	Address	Type of Action		
MGRM	KOCH, VERNON R, Trustee	635 SOMMERS HAMMOCK LAS			
		MERRITT ISLAND, FL 32953	■ Remove		
			Change		
			Add		
			Remove		
			Change		
			☐ Remove		
			Change		
			Add		
			Change		
					
			Remove		
			Change		
			· · · · · · · · · · · · · · · · · · ·		
			29		
			Remove:		
			- Similar Linange		

										_
							· · ·			_
										_
										_
							<u> </u>			_
			·						 _	_
										_
	_									_
				-						_
										_
				<u> </u>		_				_
	_									
								_		_
A-19-32										_
										_
			·				<u>-</u>			_
			-							_
ective date, if e	other than	the date of	filing:				(option:	ıl)		
<u>te:</u> If the date in	serted in thi	is block does	not meet the	applicable st	of filing or mo atutory filing	re than 90 day -requirement	es after tili ts. this da	ng.) Pursi ite will n	uant to 61 101 be lis)5.03 sted
ument's effectiv	e date on th	e Departmen	t of State's r	ecords.						
record specif	elah a pai	ved effecti	ve date H	ut not ac	offactive ti	ma st 17	·01 - ~	00 +1	مم محط	lia-
he 90th day	after the	record is fi	led.	achotan (inective th	ine, at 12	וויף בטי	i, OH (I	ic call	ier
June 26			2017	,						
ed				<u> </u>				<u> </u>	17	
0	2/cc	114/		Ken		ナッ		: -	ي	
			. (or note orient	epresentativ <i>e</i> o	t'a mombor		-:-	29	٠.
		Signature	or a member	or aumorized (epiesentanye (a memoer			ič	f

Page 3 of 3

Filing Fee: \$25.00