

LI 0000 86636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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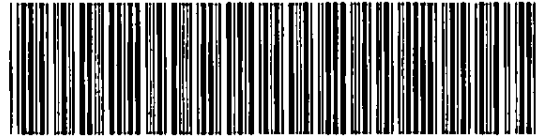
(Business Entity Name)

(Document Number)

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2/12/21
[Signature]

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: C-Head LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eric Graves

Name of Person

C-Head LLC

Firm/Company

24133 State Road 40

Address

Astor, FL 32102

City/State and Zip Code

eric@c-head.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eric S Graves

407 883-0943
at ()

Name of Person

Area Code

Daytime 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 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**

C-Head LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on July 28, 2011 and assigned
Florida document number L11000086636.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

24133 State Road 40

(Principal office address MUST BE A STREET ADDRESS)

Astor FL 32102

Enter new mailing address, if applicable:

PO Box 99

(Mailing address MAY BE A POST OFFICE BOX)

Astor FL 32102

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Eric S Graves

New Registered Office Address:

24133 State Road 40

Enter Florida street address

Astor

City

Florida 32102

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 amehding 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>	<u>Type of Action</u>
MGR	Sanford L Graves Jr	55647 Sam St.	<input type="checkbox"/> Add
		Astor FL 32102	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Nancy E Graves	55647 Sam St	<input type="checkbox"/> Add
		Astor FL 32102	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Eric S Graves	1415 Osprey Hunt Ln	<input type="checkbox"/> Add
		Eustis FL 32736	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

January 4, 2021 

January 4, 2021



President

Signature of a member or authorized representative of a member

Sanford L. Graves Jr.

Typed or printed name of signee

Filing Fee: \$25.00