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(Re	questor's Name)		
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COVER LETTER

TO: Registration So Division of Cor				
SUBJECT:	CNF CARRE	er & Sexuces		
SUBJECT.	· · · · · · · · · · · · · · · · · · ·	ited Liability Company	·	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	_ JOHN P	PEDDY RODKIGO	UEZ	
	_ ,	PAPPIEL & SELV Firm/Company	11CES	TALLAHASSE 16 MAY -9
•	609 KG	APACHE OUR	cle	SSEC. F
	DELTONA	, FL 32725		PH 4: 57
	info O Rodric	City/State and Zip Code 202 John freddy. Evr 10 60 used for future annual report notif	nication)	
For further information of	concerning this matter, please c			
SOHAL	FLEDDY	at (401) 617.94	774	
Name o	of Person	at (401) 6/7.94 Area Code Daytime	e Telephone Number	
Enclosed is a check for t	he 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 Fe Certificate of S Certified Copy (additional copy is	tatus &

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 Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHF CALKIER & SERVICE		
(Name of the Limited Liability Compan (A Florida Limited L	ny as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company value of Organization for this Liability Company value of Organization for this Liability Company value of Organization for the Organization for this Company value of Organization for the Organization for this Company value of Organization for the Organization for t	were filed on <u>CB/1C/2011</u>	_ and assigned
This amendment is submitted to amend the following:	·	
A. If amending name, enter the new name of the limited liabil	lity company here:	
KODKIGUET JOHN FREDDY	1.1.C	三型的
The new name must be distinguishable and contain the words "Limited Liavili Enter new principal offices address, if applicable:	ity Company," the designation "LLC" or the abbre	viation "L.C."
(Principal office address MUST BE A STREET ADDRESS)	N/A	9 9 7
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	X/A	S Conti
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, <u>enter th</u>	e name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	

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.

Citv

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:

<u>Title</u>	Name	1	<u>Address</u>	7. N	¥, 4	Type of Action
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ffaativa	date, if other than the date	of filing:		(optional)	
an effectiv l ote: If t	ve date is listed, the date must be sp he date inserted in this block do 's effective date on the Departn	ecific and cannot be prior oes not meet the applic	cable statutory filing req	an 90 days after filing.) Pursuan	
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	Cin.L.	יייים ארו שייים הלו המוכז ברו" בשילות לובון ו	10H1780 PARTARANTOTILA Nº 0	nember	

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Filing Fee: \$25.00