## 11200023718

| . (Requestor's Name)                    |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
|   |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
|   |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
|   |  |  |  |  |
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JAN 22 2013 G. MCLEOD



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11/13/12--01043--008 \*\*25.00





November 19, 2012

LORI D LUST 1404 PALM CITY RD STUART, FL 34994

SUBJECT: CHARING CROSS LLC

Ref. Number: L12000023718

We have received your document for CHARING CROSS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the enclosed application and return for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 112A00027739

Gina McLeod Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

TO: Registration Section

| ` Division of Corp          | orations                                   |   |  |
|-----------------------------|--|---|--|
| CUBIFOT.                    | CHARING CA                                 | 055 /10                                       |  |
| SUBJECT:                    | CHARING CK<br>Name of Limit                | ted Liability Company                         |  |
|                             |  |   |  |
| The enclosed Articles of A  | mendment and fee(s) are sub                | mitted for filing                             |  |
|                             |  |   |  |
| Please return all correspon | dence concerning this matter               | to the following:                             |  |
|                             |  | i D lust                                      |  |
|                             | LU K                                       | Name of Person                                |  |
|                             | _  |   |  |
|                             | CHAring                                    | CLO55 LLC<br>Firm/Company                     |  |
|                             |  | rirm/Company                                  | •  |
|                             | 1404                                       | Palm City Rul Address                         |  |
|                             |  | Address                                       | <del></del>                                    |
|                             | Shup                                       | FI. 34994                                     |  |
|                             | OFUHI                                      | FL. 34994<br>City/State and Zip Code          |  |
|                             |  | 5956@ MON, COM                                |  |
|                             | E-mail address: (1                         | to be used for future annual report notificat | ion)   |
| For further information co  | ncerning this matter, please c             | all:  |  |
|                             |  | 770 040 71                                    | <b>4</b> I                                     |
| Name of                     | Person                                     | at (772 ) 283 - 76  Area Code & Daytime To    | elephone Number                                |
|                             |  | •   | •  |
|                             |  |   |  |
| Enclosed is a check for the | -  | <b></b>                                       | . Teco oo Filing For                           |
| \$25.00 Filing Fee          | \$30.00 Filing Fee & Certificate of Status | Certified Copy                                | \$60.00 Filing Fee,<br>Certificate of Status & |
|                             |  | (additional copy is enclosed)                 | Certified Copy (additional copy is enclosed)   |
|                             |  |   | , , ,  |
|                             |  |   |  |
|                             | NG ADDRESS:                                | STREET/COURIER                                | R ADDRESS:                                     |
|                             | ation Section  of Corporations             | Registration Section Division of Corporation  | ons  |
| P.O. Box 6327               |  | Clifton Building                              |  |
| Tallahassee, FL 32314       |  | 2661 Executive Cente<br>Tallahassee, FL 3230  |  |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| CHARING CROSS  | LLC.   |                            |  |   |                             |         |
|--|--|----------------------------|--|---|-----------------------------|---------|
| (Name of the Limited Liability Company<br>(A Florida Limited Lia   | as it now apr                                  | ears on our                | records.)                                    |   |                             |         |
| The Articles of Organization for this Limited Liability Company w  | vere filed on _                                | FED 1                      | 7 2016                                       | 2 and a                                     | ssigne                      | d       |
| This amendment is submitted to amend the following:  |  |                            |  |   |                             |         |
| A. If amending name, enter the new name of the limited liabili   | ity company                                    | <u>here</u> :              |  |   |                             |         |
| The new name must be distinguishable and end with the words "Limite" L.L.C."   | d Liability Con                                | mpany," the                | lesignation "                                | LLC" or the                                 | e abbre                     | viation |
| Enter new principal offices address, if applicable:  |  |                            |  |   | ದ                           |         |
| (Principal office address MUST BE A STREET ADDRESS)  |  |                            |  | े देख                                       | H                           | erren ( |
|  |  |                            |  | 60 E  |                             |         |
| •  |  | · <del>-</del>             |  | # <del>  </del>                             | 7 PH                        |         |
| Enter new mailing address, if applicable:  | 1404   | PAIM                       | City   | Rd.   | <u> </u>                    |         |
| (Mailing address MAY BE A POST OFFICE BOX)   |  | Stuakt                     | FL   | 36.5€                                       | ش                           |         |
|  |  |                            | 1994   | <u> </u>                                    |                             |         |
| B. If amending the registered agent and/or registered office address here:  Name of New Registered Agent:  New Registered Office Address:  1404  | :  |                            |  |   |                             |         |
| New Registered Office Address:   | IAIM   | Enter Flori                | da street ad                                 | ldress                                      |                             |         |
| <u>31-u</u>  | arj<br>City                                    |                            | , Florida _                                  | 34994                                       | /                           |         |
| - <del> </del>   | City   | <del>_</del>               | -  | Zip Co                                      | ode                         |         |
| New Registered Agent's Signature, if changing Registered Agent:  |  |                            |  |   |                             |         |
| I hereby accept the appointment as registered agent and agre<br>the provisions of all statutes relative to the proper and comple<br>accept the obligations of my position as registered agent as po-<br>being filed to merely reflect a change in the registered office of<br>company has been notified in writing of this change. | ete performa<br>rovided for i<br>address, I he | nce of my d<br>n Chapter t | luties, and 1<br>608, F.S. O<br>m that the l | l am famil<br>r, if this do<br>limited liai | iar wit<br>ocume:<br>bility | th and  |

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member
Title: Name

| Title | Name              | Address                               | Type of Action |
|-------|-------------------|---------------------------------------|----------------|
|       |                   |                                       | Add            |
|       | Cyardina Umengina |                                       | Remove         |
|       | Gr. Mor Wwe       |                                       | Add            |
|       |                   |                                       | Remove         |
|       | 4/6               | · · · · · · · · · · · · · · · · · · · | ,<br>          |
|       |                   |                                       | Add            |
|       |                   |                                       | Remove         |
|       |                   |                                       | _              |
| ·     |                   |                                       | Add            |
|       |                   |                                       | Remove         |
| ,     |                   |                                       | Add            |
|       |                   |                                       | Remove         |
|       |                   |                                       |                |
|       |                   |                                       | Add            |
|       |                   |                                       | Remove         |

| D. If amend        | ge(s) here: (Attach additional sheets, if necessary.) |
|--------------------|---|
| NEW AGENT - LOUI I | Lust  |
| 1404 Pr            | um City Xd  |
| 3tu4               | RT, TEL   |
|                    | 34944   |
| Dated,             |   |
| Jan. b             | er or authorized representative of a member           |
| Loui -             | d or printed name of signee                           |

Page 3 of 3

Filing Fee: \$25.00