## L12000077875

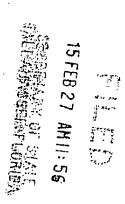
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TO: Registration Section Division of Corpo	rations		: 	;
SUBJECT: CF	LGEEK.	com ll	~ C	
	Name of Limi	ited Liability Company		
The enclosed Articles of An	nendment and fee(s) are subi	mitted for filing.		
Please return all correspond	ence concerning this matter	to the following:		
	Eddie	Boscano	λ	
		Name of Person		·····
		Firm/Company		
		• •	0.	
	1244	Palmetto Address	Koad	<u> </u>
	_	Address		
	Eusti	s, FL 32	726	
	Heath	SFL. 32 City/State and Zip Code CFl geele o be used for future annual	S, COM	
•	E-mail address: (to	o be used for future annual:	report notification)	
For further information conc	erning this matter, please ca	11:		
Eddie Bos Name of Pe	CMA	at (357) (Area Code	002-05 Daytime Telepho	68 one Number
Enclosed is a check for the f	ollowing amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	LI \$55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**COVER LETTER** 

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**

CHLGEE	K. COM/ LLC
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L12000073838</u>	1.1.1.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2204 Citrus Blud.
(Principal office address MUST BE A STREET ADDRESS)	Suite 1a
	Leesburg, FL. 34748
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	2212 Keuka Ave. Leesburg, Fl. 34748
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
Name of New Registered Agent:	ath Duke
New Registered Office Address: 220	
	Enter Florida street address
<u>lees</u>	City Florida 34788
New Registered Agent's Signature, if changing Registered Agent:	City Life Code

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Add
			Remove
			□ Add
			Remove
			Add 55 Reprove 2
			□ Remove
			□ Remove

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authorized representative of a member	X Asignature of a me	g <sub>s</sub>	×	

Page 3 of 3

Filing Fee: \$25.00

