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2020 OCT 21 PM 2: 3A SECRETARY OF STATE

12/1/20

COVER LETTER

	ion Section of Corporations	,	•
0.00	TUE (1)	016761661 (001811	-y-,
SUBJECT:	Name of Lin	RIG TEN SEN GROUP LL mited Liability Company	
The enclosed Articl	es of Amendment and fee(s) are su	bmitted for filing.	
Please return all cor	respondence concerning this matte	r to the following:	
	(HRISTOPHEL LHRISTENSEN	V
		Name of Person	
	/	HRISTOPHER CHISTENSEN	11.6
		LI-RISTOPHER CHRISTENSEN Firm/Company	
	ς	3613 SAUG MARIS N	
		3613 SAINT MACINO DA	
	î) RLAVOU FL 31336	
		City/State and Zip Code	
	<u>L</u>	14815. CHRISTENSEN O Pl (to be used for future annual report notific	REMIER SIR COM
			ation)
For further informati	ion concerning this matter, please c	rali:	
BEN) II. MODRE LPA	at (UDT) 6114-311 Area Code Daytime T	9
Na	ime of Person	Area Code Daytime T	Telephone Number
Enclosed is a check t	for the following amount:		
\$25.00 Filing Fee	ee \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee.
·	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
			(additional copy is enclosed)
Mailing Ad		Street Address:	
Registration	on Section	Registration Secti	on

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

THE LHUSTENSEN	1 GODOP 111	2020 OCT 2	PH 2:39
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears of	n our records.	LY OF STATE
The Articles of Organization for this Limited Liability Company	wara filad an	Chillia	P.SSIP, FL.
Florida document number	were med on	A L. LIX	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi			
CHRISTOPHER CHRISTER The new name must be distinguishable and contain the words "Limited Liabili	ISEN, LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the desig	nation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		N/A	
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		NIA	
3. If amending the registered agent and/or registered office adgent and/or the new registered office address here:	ddress on our reco	rds, <u>enter the na</u>	ame of the new registe
Name of New Registered Agent:	~ N		
New Registered Office Address:			
New Negation of the Address.	Enter Florida s	treet address	
	, Florida		
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
hereby accept the appointment as registered agent and agreen are appointment as registered agent and complete p	e to act in this cape	icity. I further o	agree to comply with t n familiar with and

NA 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	Nla	NA	□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
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			□Remove
			□ Change

	NI/t
-	
l. Effect (If an eff <u>Note:</u> docum	we date, if other than the date of filing:
the record ford is fil	I 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 ed.
Datud	10/19/20