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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Charces By Clause Ne 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:
Claudette M. Frye Name of Person
Choices By Claudelle LLC Firm/Company
827 5 Val Dr. Address
Inverness FL 34450 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Claudelle M. Frye at (7a) 809-0016  Name of Person Area Code Daytime Telephone Number 300 300 300 300 300 300 300 300 300 30
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

**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

Choices (Name of the Limited	By Claude He			
(A	Liability Company as it now appears on our records.) Florida Limited Liability Company)			
		anc	1 assig	med
Florida document number <u>L (2 000 1) (</u>	OIL.			
This amendment is submitted to amend the follow	ing:	•		
ne Articles of Organization for this Limited Liability Company were filed on				
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation "LLC" or the	abbreviatio	n "L,L,	C."
Enter new principal offices address, if applicable	le:			
(Principal office address MUST BE A STREET A	ADDRESS)	<del></del>		
			***	
• • • • • • • • • • • • • • • • • • • •	DX)			
B. If amending the registered agent and/or	registered office address on our records, ente	r the na	ත් me of	f the nev
registered agent and/or the new registered offic	e address here:		13(	7
Name of New Registered Agent:		179		E -
New Registered Office Address:		<u> </u>		
	Enter Florida street address		$\frac{\omega}{2}$	
-	, Florida _	Zip C	`oda	
	Cuy	Zip C	oue	

## 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 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
MGR	Christopher WFrye		Add
		827 Sual Dr., Inverness FL	34717 Remove
			Change
	Christopher w. Frye	-	
		827 Sval Dr., Invernast	34410 Remove
			Change
			□ Add
			☐ Remove
			☐ Change
			Add
			Remove
			CRED CHange
			一声の単し、
			Remove
			Change
			🖸 Add
			☐ Remove
			☐ Change

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Effective date, if other than the date of filing:  (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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	(3)(b) listed as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the eact). The 90th day after the record is filed.	arlier of:
Dated Ocs 4, 2016.	
Signature of a member of a uthorized representative of a member	-
Signature of a member or authorized representative of a member  Claude He M. Trye  Typed or printed name of signee	_

Page 3 of 3

Filing Fee: \$25.00