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SKIPPER

## **COVER LETTER**

	gistration Se vision of Cor		•	
CY ID YDAYC.	CHESHIRE	es consulting service	LLC	
SUBJECT:		Name of Lim	ited Liability Company	····
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		JERRY CHESHIRE		
		**************************************	Name of Person	
		*	Firm/Company	A THE RESIDENCE OF THE PARTY OF
		PO BOX 183		
			Address	
		POMONA PARK FL 3218	B1	-
		JERRY 39122@WINDSTR	City/State and Zip Code EAM.NET	
			to be used for future annual report notifi	cation)
For further i	nformation co	oncerning this matter, please ca	all;	
JERRY CH			386 916-6566	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is (	a check for th	e following amount:		
\$25.00 F	iling Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclased)	☐ \$60.00 Filing Fee, Certificate of Status & 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

CHESHIRE'S CONSULTING SE	RVICE LLC			
(Name of the Lim	ted Liability Compa (A Florida Limited)	ny as it now appears of Liability Company)	n our records.)	
The Articles of Organization for this Limited L	Liability Company	were filed on		and assigne
lorida document number L13000102461				
his amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name o	of the limited liab	ility company here	į.	
N/A				<u>-</u>
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desi	gnation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		N/A		(***) 기대 기대
Principal office address MUST BE A STRE	ET ADDRESS)		9 15 4 75	3 TI
			\$5.55 \$2.55	ro t
			± 0 0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	$\overline{0}$ $\overline{\mathbf{m}}$
Enter new mailing address, if applicable:		N/A	ST S	<u>,, o</u>
(Mailing address MAY BE A POST OFFICE BOX)				
				- 144
3. If amending the registered agent and egistered agent and/or the new registered of New Registered Agent:		<u>e</u> :	our records, <u>enter</u>	the name of t
New Registered Office Address:	127 DUCK DE	t		
The state of the s		Enter Floride	street address	
	CRESCENT C	PITY	, Florida <sup>32</sup>	112
		City		Zip Code

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

Title	Name	Address	Type of Action
AMBR	CHRISTINE CHESHIRE	PO BOX 183	☐ Add
•		POMONA PARK FL 32181	Remove
			☐ Change
AMBR	JERRY CHESHIRE	PO BOX 183	
		POMONA PARK FL 32181	□ Remove
			Change
			□ Add
			□ Remove
			☐ Change
			□ Add
	t .		Remove
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			Remove
			☐ Change

N/A				•	
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fective date, if other than the date of filing: _ n effective date is listed, the date must be specific and can te: If the date inserted in this block does not meet cument's effective date on the Department of State	t the applicable stat	f filing or more than lutory filing requir	(option 90 days after oments, this	filing.) Pr	arsuant to 605.0 Il not be listed
record specifies a delayed effective date The 90th day after the record is filed.	a, but not an ef	ffective time, a	t 12:01 a	.m. on	the earlie
- 10 -			, , , , , , , , , , , , , , , , , , ,	(73) (73) (73)	
ted $5/25$ ,	2016.		230 72	- 14 - 14 - 14	Market School
		$\supset$	ASS	27	3
			#-K	<del></del>	
Signature of a mem	nber or authorized re-	presentative of a mer	nber ু	U	1

Page 3 of 3

Filing Fee: \$25.00