## 13000164034

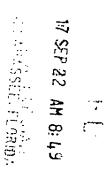
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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## **COVER LETTER**

TO:	Registration Section Division of Corporati	ons .				
SUBJI	ECT: <u>Esquir</u>	e <u>Commerci</u> Name of Lim	al Brokers, LLL ited Liability Company	·		
The en	closed Articles of Amen	dment and fee(s) are sub	mitted for filing.			
Please	return all correspondenc	e concerning this matter	to the following:			
	-	CHRI	STOPHER R. JO	HNSON		
		Esquire	Name of Person  Commercial Bro Firm/Company	kers, LLC		
	_	5409	Canna Ct Address		===	
	_	Port Or	city State and Zip Code	28	7 SEP 22	:
			Tohnson @ me. co	ication)	<u></u>	! 1
For fu	ther information concerr	ing this matter, please ca	all:	CORRES	5.1 <u>:</u> 8	<u></u>
	hristopher Name of Perso	Johnson	at ( <u>386</u> ) <u>547</u> Area Code Daytim	7 - 4146 e Telephone Number		
Enclos	ed is a check for the follo	owing amount:				
<b>2</b> \$2	5.00 Filing Fee 🔲 :	\$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60,00 Filing Fe Certificate of \$1 Certified Copy (additional copy is a	atus &	

MAILING ADDRESS:

TO:

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

Saure (Same of the Limited Liability Come	pany as it now appears on our records.) d Liability Company)
(A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Compar	by were filed on $\frac{11/2z/2ol3}{}$ and assigned
Florida document number L13000164034 .	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ibility company here:
CHRIS R. JOHNSON, LLC The new name must be distinguishable and contain the words "Limited Lia	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5409 Canna Ct
(Principal office address MUST BE A STREET ADDRESS)	Fort Orange, FL 32128
Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE BOX)	$\sim$
	N/A
B If amending the registered agent and/or registered	office address on our records, enter the name of the new
registered agent and/or the new registered office address he	
Name of New Registered Agent:	9 5- 8 -
New Registered Office Address:	1A 49
/	Enter Florida street address
	A Florida N/A
	City The 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = N $AMBR = A$	lanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	CHRISTOPHER R JOHNSON	4244 Jackson St Port Orange FE 3212	O Add
			Change
MGRM	CHRISTOPHER R JOHNSON	Fort Orange, FL 3212	
			Change
MGRM	STORMIE H. JOHNSON	Port Orange Fe 321	
			□ Change
			Remove 2
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n effective date is li		specific and cannot	be prior to date of fil	ng or more than 90 days		
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	after the record		out not an erred	tive time, at 12:0	JI a.m. on the	earlier
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	Sign	ature of the same	- ar authorizen repres	entative of a member		
	Δι	10-5-60	IFO O	JOHN50N		

Page 3 of 3
Filing Fee: \$25.00 Enclosed