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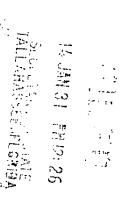
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### **COVER LETTER**

Division of Corporations					
SUBJECT. ChloMax Sales + CONSULTING, LLC					
SUBJECT: ChloMax Sales & CONSULTING, 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:					
JOHN E CARROLL Name of Person					
Name of Person					
Chlc Max Sales + Consuting, LLC / Firm/Company					
/ Firm/Company					
9047 VISTA VERDE DR Address					
Address					
PALMETTO FL 34221 City/State and Zip Code					
'City/State and Zip Code					
DECARROLL124@GMAIL.Com  E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
John CARROII at (941) 722-0036					
Name of Person Area Code Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$\ \times \text{S25.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} Certified Copy (additional copy is e					

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

## TO ARTICLES OF ORGANIZATION OF

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#### 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

## Authorized Member being added or removed from our records:

.

MGR = Manager AMBR = 'Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
ngrm	JOHN E CARROLL	9047 VISTA VERDE DR	
		PALMETTO FL 3422	☐ Remove
			<del></del>
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			☐ Remove
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			☐ Remove
			Remove

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	-
Effective date, if other than the date of filing:  The effective date must be specific, cannot be prior to date of receithe date this document is filed by the Florida Department of Stat	
Dated,	·
John & Carry	oll
John & Carry Signature of a member	or authorized representative of a member
John & Carry Signature of a member John & Ca	or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00