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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

Div	ision of Corp	porations		
CHID INCO.	BRITTNI K	RAWSEK LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
	•	TED KRAWSEK		
			Name of Person	
		BRITTNI KRAWSEK LL	С	
			Firm/Company	
		18061 HIGHWOODS PRI	ESERVE PARKWAY, SUITE 9	
			Address	
		TAMPA, FL 33647		
			City/State and Zip Code	
		TEDSELLSTAMPA@GM/ E-mail address: (	AIL.COM to be used for future annual report notifi	cation) 3. ~
For further in	nformation co	oncerning this matter, please ca	all:	cation) 2 20 50 50 50 50 50 50 50 50 50 50 50 50 50
TED KRAW	/SEK		813 992-6363	
	Name of	Person		Telephone Number 100
Enclosed is a	check for th	e following amount:		08 <del></del>
■ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

**Registration Section** 

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

any as it now appears on our records.) Liability Company)
were filed on JANUARY 30, 2014 and assigned
pility company here:
ility Company," the designation "LLC" or the abbreviation "L.L.C."
2312 CYPRESS CV #102
WESLEY CHAPEL, FL 33544
1740 TONKA TEL WESLEV CHODEL FL 38543
office address on our records, enter the name of the nev
<u> </u>
Enter Florida street address
F1- 24-
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 = Ms $AMBR = As$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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			Remove
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Effective date, if other than the date of filing:	(optional)	
If an effective date is listed, the date must be specific and cannot be prior to date of filing or more that <b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requ	n 90 days after filing.) Pursuant to irements, this date will not be	605.0207 listed as
document's effective date on the Department of State's records.		
ne record specifies a delayed effective date, but not an effective time,	at 12:01 a.m. on the ea	arlier o
the both day after the record is filed.		
SEPTEMBER 12 2016		
SEPTEMBER 12 2016		
The 90th day after the record is filed.  Dated SEPTEMBER 12 2016		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00