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## **COVER LETTER**

TO:

TO: Registration Section Division of Corporations
SUBJECT: CTCADEJOOSE, 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:
Temple Drummond Name of Person
Drymmond Wenle UP
6987 East Fowler Avenue
Tampa Florida 33617 City/State and Zip Code
E-hail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Temple Dillimmond at (813) 983-8000  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Scritificate of Status S55.00 Filing Fee Scritificate of Status Scritified Copy (additional copy is enclosed) S60.00 Filing Fee. Certificate of Status Scritified Copy (additional copy is enclosed)
MAILING ADDRESS:  Registration Section  Division of Corporations  STREET/COURIER ADDRESS:  Registration Section  Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRAPEJOOSE, LL	$\mathbb{C}$	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number <u>LIHOOOLATIO2</u>	were filed on 4/15/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
English Notes, UC The new name bust be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	3603 S. Beach	
(Principal office address MUST BE A STREET ADDRESS)	Tampa, Florida	33629
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	31003 S. Beach Tampa, Florida	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
<del></del>	Florida	
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code :
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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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00