L14000078402

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	: #)
PICK-UP		
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

ΓO:	Registration Section
	Division of Corporations

CHYSHOR, LLC SUBJECT: ____

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

۲.**)**

Please return all correspondence concerning this matter to the following:

	Name of Person
Cryshor, LLC	
	Firm/Company
1923 Landfall Pass NW	
	Address
Kennesaw, GA 30152	

rlundbe2@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

□ \$25.00 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: 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

CHYSHOR, LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>05/14/2014</u>	and assigned
Florida document number L14000078402		- 2
This amendment is submitted to amend the following:		6: C7
A. If amending name, enter the new name of the limited liabi	<u>lity company here</u> :	
CRYSHOR, LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET ADDRESS)		
		<u>. </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ter the name of the <u>new</u>
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	Enter Florida silvet address	
	, Florida	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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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, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager

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AMBR = Authorized Member

<u>Title</u>	Name	Address	<u>Type of Action</u>
			Add
			Remove
			Change
			Add
			Remove
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			Remove
			Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

July 25 2018 18 signature of a member or authorized representative of a member <u>JE</u> **Richard Lundeberg** 5 10 Typed or printed name of signee ා ැ , **†** Page 3 of 3 9 Filing Fee: \$25.00