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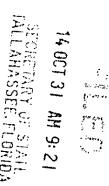
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COVER LETTER

TO:	Registration Se Division of Cor		gesp.	
CUDI	Joe Chid	la Enterprises LLC		
SUBJ	ect:	Name of Lin	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		joe chida		
		****	Name of Person	
		joe chida enterprise	s	
		······································	Firm/Company	
		163 Eldron Blvd NE		
		-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Address	
		Palm Bay, Florida 3	2907	
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		jchida4@gmail.com		
		E-mail address: (to be used for future annual report notif	ication)
For fur	ther information co	oncerning this matter, please c	all:	
joe cl	hida		321 6930840	
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	e following amount:		
■ \$ 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 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

Joe Chiga Enterprises LLC		
(Name of the Limited)	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabseller Line Line Line Line Line Line Line Line	ility Company were filed on 6/02/2014	and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and end with the wor	rds "Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	DX)	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	registered office address on our records, <u>ent</u> <u>e address here</u> :	er the name of the new
N Decision of Office Address.		25 To 12
New Registered Office Address:	Enter Florida street address . Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Reg	gistered Agent:	54 -

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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JOSEPH CHIDA JR	163 ELDRON BLVD NE	= Add
		PALM BAY FLORIDA 32907	□ Remove
			······
			Add
			☐ Remove
			
		·····	☐ Remove
			Parameter a Carlet
			Reprove REPROVE ALLAHASSEE, HE
			T31 A
			A Remove
			Add
			□ Remove

- - -
ot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

