## 114000172905

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(=,,
(Darwood Novelor)
(Document Number)
Certified Copies Certificates of Status
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## **COVER LETTER**

TO: Registration Sec Division of Corp			
Check Yo	ur 6, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of A	amendment and fee(s) are subr	mitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	John J. Crane		
		Name of Person	
	Check Your 6, LLC		
		Firm/Company	
	6320 92nd Pl. N. #26	602	
		Address	
	Pinellas Park, FL 33	782	
		City/State and Zip Code	
	jcraneveteran@gmail	.com to be used for future annual report notific	ration)
For further information co	neerning this matter, please ca	·	
John Crane			
Name of		727 483-2596 Area Code Daytime 7	Felephone Number
Name of	Person	Area Code Daytime	etephone Number
Enclosed is a check for the	e 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

Check Your 6, LLC	
(Name of the Limited (A	Liability Company as it now appears on our records.)  Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number <u>L14000172905</u>	oility Company were filed on November 6, 2014 and assigned and assigned
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of the	he limited liability company here:
Cover Your 6, LLC	
The new name must be distinguishable and end with the wo	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE Be)  B. If amending the registered agent and/or registered agent and/or the new registered office	r registered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	TEC AND A
	Enter Florida street address , Florida Co S 9
	City Zip Gode
New Registered Agent's Signature, if changing Re	gistered Agent:
provisions of all statutes relative to the proper accept the obligations of my position as registe	agent and agree to act in this capacity. I further agree to comply with the and complete performance of my duties, and I am amiliar with and ered agent as provided for in Chapter 605, F.S. Or, if this document is gistered office address, I hereby confirm that the limited liability hange.

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
		· · · · · · · · · · · · · · · · · · ·	
			□ Remove
<u> </u>			Add
			□ Remove
			Add
			Remove
		-1	Add
			Remove 1
			□ Remove
			□ Add
		A44 - A44	Remove

(The effective date must be specific, cannot be prior to date of receipt or filed date and can the date this document is filed by the Florida Department of State)  November 6 2014	
(The effective date must be specific, cannot be prior to date of receipt or filed date and can the date this document is filed by the Florida Department of State)  Dated November 6 2014	not be more than 90 days after
Dated November 6 2014	not be more than 90 days after

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Filing Fee: \$25.00

