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(Re	questor's Name)	
(Ad	dress)	····
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(Cit	y/State/Zip/Phon	e #)
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SECRETARY OF STATE

K.SALY EXAMINER SEP 17 2015

COVER LETTER

TO:	Registration Sec Division of Corp			
CHDIE	902 LILY . I	LLC.	·	
SUBJE	C1:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	-	
		ABRAHAM ALCALA		
			Name of Person	
		902 LILY AVE.		
			Firm/Company	
		P.O. BOX 4877		
			Address	
		HAINES CITY, FL 33844		
			City/State and Zip Code	
		mgcieri@hotmail.com E-mail address: (1	to be used for future annual report notifica	ation)
For furt	her information co	ncerning this matter, please ca	all:	
ABRAI	HM ALCALA		407 495-0257	
	Name of	Person		elephone Number
Enclose	d 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

F	11	E	D
2015 SEP	1).	_	•
SFrom.	<i>, 4</i>	PH	1:4

	TABETTE LABOR
ability Company as it now appears on our records.) orida Limited Liability Company)	TALL AHASSEE, FL ORIDA 2014 and assigned
ty Company were filed on NOVEMBER 25TH.	and assigned
g:	
limited liability company here:	
'Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
DDRESS)	
	-
2	
egistered office address on our records, <u>e</u> a <u>ddress here</u> :	nter the name of the nev
Enter Florida street address	
, Florid	laZip Code
	limited liability company here: 'Limited Liability Company," the designation "LLC" or DDRESS) egistered office address on our records, enddress here: Enter Florida street address

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 = Manager	_		
AMBR = Authorized Member			

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CIERI, MARISA G .	P.O. BOX 4877	Add
		HAINES CITY FL 33845	☐ Remove
		-	☐ Change
			Remove
	ı		□ Change
			BAdd FOREmove
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			SIA Add
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ective date, if other than the effective date is listed, the date must	date of filing:	r to date of filing or more than	(optional) 190 days after filing.) Purs	uant to 605,020
e: If the date inserted in this blo ument's effective date on the De	ck does not meet the appli-	cable statutory filing requi	rements, this date will r	ot be listed as
record specifies a delayed ne 90th day after the reco	effective date, but no ord is filed.	ot an effective time,	at 12:01 a.m. on tl	ne earlier o
SEPTEMBER 4TH	2015			
	5100	<u></u>		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00