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2819 NOY -7 AH 9: 25

C. GOLDEN DEC - 7 2019

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: CDR CHEVRON 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:
CHRISTOPHER MAHABIR.  Name of Person
CDR CHEVRON LLC Firm/Company
316 SE INES AVE.
PORT ST. LUCIE FLA 34984  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CHRISTO PHER MAHABIR at (772) 607-1902.  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{Certified Copy} \\ \text{(additional copy is enclosed)} \te

### 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

2019 NOY -7 AM 9: 25

(Name of the Limited Liability (A Florida)	Company as it now appears on Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Co	ompany were filed on <u>AF</u>	$\mathbb{R} \cdot 20$ $015$ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS OF A STREET ADDRE	<del></del>	nation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addre		r records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	treet address
		, Florida
	City	Zip Code

### 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	RAGINI MAHABIR	316 SE INES AVE	
		316 SE INES AVE PORT ST LUCIE, FLA.	Remove
		34984	Change
			Add
			□ Remove
			Change
			D Add
			□ Remove
			Change
			Remove
			Change
			Remove
			Change
			Add
			Remove
			□ Change

). If ameno	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
	<del></del>
	, <u></u>
_	
_	
Note: If	date, if other than the date of filing:
	od specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated	OCT: 25 . 2019 .  Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member  CHRISTO PHER MAHABIR  Typed or printed name of signee

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Filing Fee: \$25.00