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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ACT by Chais, 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:
Chris Cobo Name of Person
ACT by Chris Firm/Company
762 Colony Ln Address
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Chris Cobo at (727) 687 - 4245 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) 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

(Name of the Limited Liability Com	pany as it now appears on our records.)
(A Florida Limite	pan <mark>ý as it now appears on our records.</mark>) d Liability Company)
The Articles of Organization for this Limited Liability Compare Florida document number	ny were filed on Jun 24, 2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liader Arcon design. LLC The new name must be distinguishable and contain the words "Limited Liader".	
Enter new principal offices address, if applicable:	762 Colony Ly Wigo, FC 33770
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	Done - Same
(Mailing address MAY BE A POST OFFICE BOX)	7 5 7
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	
Name of New Registered Agent:	1.'S Cobo
New Registered Office Address:	SOM E Enter Florida street address
<u> Car</u>	Florida 33770 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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Chris Cobo	762 Colony Ln Largo, FL 33770	Add
		Cargo, FC 53/10	Remove
			Change
			Add
			Remove
			□ Change
			Add B Change 37
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ective date, it	f other than the	date of filing:	2/1	3/17		(optional)	
n effective date is te: If the date	listed, the date must inserted in this blo	be specific and ca ck does not me	annot be prior to et the applical	o date of filing or ole statutory fi	rmore than 90 da ling requiremen	ys after filing.) Pu its, this date wil	rsuant to 605.020 l not be listed a
rument's effect	ive date on the De	partment of Sta	te's records.				
record spec	ifies a delayed	effective da	te hut not	an effective	e time lat 12	∩1 a.m. on	the earlier c
	after the reco		ac, but not				
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		Signature of a me	No				

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Filing Fee: \$25.00