

115 000 207 199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP☐ WAIT☐ MAIL

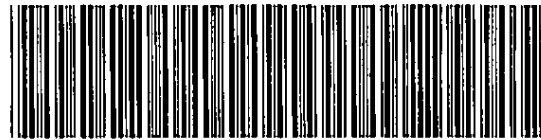
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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**UNITED STATES
DEPARTMENT OF STATE**
Bureau of Consular Affairs

Name Change

APR 04 2019

D CUSHING

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Christie Klammer LLC
(Name of the Limited Liability Company as it now appears on our records.)
(All Florida Limited Liability Companies)

The first set of organization for this Limited Liability Company were filed on 12-14-15 and assigned
Certificate Number L15000207199

Our members have decided to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Christie M. Arturo LLC
(If possible, please enter the new name as it will appear on our records, including the designation "LLC" or the abbreviation "L.L.C.")

Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new
registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

(New Registered Office Address)

Florida

New Registered Agent's Signature, if changing Registered Agent:

I, _____, am appointed as registered agent and agree to act in this capacity. I further agree to comply with the
requirements of the laws of the State of Florida in performing my duties, and I am authorized to sell
and convey real and personal property as provided for in Chapter 605, F.S. Or, if this designation is
being made by a third party, I agree to be substituted at this address. I hereby consent on the limited liability
company's behalf to the change.

If Changing Registered Agent, Signature of New Registered Agent

11 amending Authorized Personnel authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MC/R = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(attach additional sheets, if necessary)*

E. Effective date, if other than the date of filing: _____ (optional)

(Record may be effective specific to some jurisdictions if filed on more than 90 days after filing. Please consult local laws.)

Note: Please consult your local jurisdiction's filing requirements for a date which meets all the requirements of the jurisdiction's rules.

If the record has a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
1. The date after the record is filed.

Date: 11/16/18

Christie M. Arturo

(Type or print the full name of the filer.)

Christie M. Arturo
(Type or print the full name of the filer.)