11600014953

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



800336042188

10/31/19--01009--026 **25.00

2813 CCT 31 MH 11: 33

: 16, 43, 74

COVER LETTER

Divi	ision of Cor	porations			
SUBJECT:	Three Branches LLC				
Name of Limited Liability Company					
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	endence concerning this matter	to the following:		
		Bryan Stewart			
			Name of Person		
		Three Branches LLC			
			Firm/Company		
		217 S Swoope Ave			
			Address		
		Maitland, FL 32751			
		cardenoch@outlook.com	City/State and Zip Code		
		E-mail address: (to be used for future annual report notifi	ication)	
For further in	iformation c	oncerning this matter, please ca	all:		
Bryan Stewa	rt		407 310-7228		
	Name o	f Person	at () Area Code Daytime	Telephone Number	
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	iling 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

TO:

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

Three Branches LLC



2019 Oct 31 WHII: 33

(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on o a Limited Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability C Florida document number L16000014953	Company were filed on January	21, 2016	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ited liability company here:		
Cardenoch LLC			
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designa	tion "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	RESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regis registered agent and/or the new registered office address registered Agent:	stered office address on our	records, enter the	
New Registered Office Address:	Enter Florida str	veet address	
		Elonido	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered	d Agent:		
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and cacept the obligations of my position as registered as being filed to merely reflect a change in the registere company has been notified in writing of this change.	complete performance of my d gent as provided for in Chapt ed office address, I hereby cou	luties, and I am fam er 605, F.S. Or, if t	iliar with and his document is

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>	Name	Address	Type of Action		
			Add		
			☐ Remove		
		···	☐ Change		
			□ Add		
			Remove		
			Change		
			□ Add		
			Remove		
			☐ Change		
			☐ Remove		
			Change		
			Add		
			☐ Remove		
			Change		
			□ Add		
			☐ Remove		
			☐ Change		

_	<u>-</u>	-			·
_					
_					-
_					
_					
_					
_					
-					
-					
_					
_			,		
_					
_					
_		- · · · · · · · - - · · · · ·			
_					
Effecti	ve date, if other than	the date of filing:		(opt	ional)
[If an effe Note:	ective date is listed, the date	must be specific and cann s block does not meet t	ot be prior to date of filir the applicable statutor	g or more than 90 days after	er filing.) Pursuant to 605.0207 is date will not be listed as
	ord specifies a dela 90th day after the r		, but not an effect	tive time, at 12:01	a.m. on the earlier of
Dated	10/28	A	2019		
		(/ / - 7/4			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00