

L16 000019723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

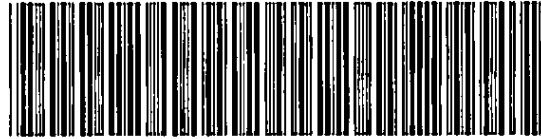
(Document Number)

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FILED
AUG 24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Chmura Enterprises of Winter Haven Inc. 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:

Taylor Lemonds
Name of Person

132 Duval Rd.
Firm/Company
Address

Winter Haven, FL 33884
City/State and Zip Code

Lemondstaylor@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gina Tuten at (813) 416-0269
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Chmura Enterprises of Winter Haven Inc. LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 1/28/2016 and assigned Florida document number L16000019723

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices 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:

Taylor Lemonds

New Registered Office Address:

6264 Cypress Gardens Blvd

Enter Florida street address

Winter Haven

City

Florida

33884

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>	<u>Address</u>	<u>Type of Action</u>
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Owner MGRM	Taylor Lemonis	132 Duval Rd Winter Haven FL 33884	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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☐ Change

Owner MGRM	George Lemonis	132 Duval Rd Winter Haven FL 33884	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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☐ Change

Owner MGRM	DALE Congdon	132 Duval Rd Winter Haven FL 33884	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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☐ Change

MGRM	Gina Tuten	13021 McIntosh Lakes Dover, FL 33527	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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☐ Change

MGRM	Todd Owen	13021 McIntosh Lakes Dover, FL 33527	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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☐ Change

☐ Add

☐ Remove

☐ Change

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Figure 1. The geometry of the problem.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated July 6th, 2021,

Anna Yuten

Signature of a member or authorized representative of a member

Signature of a member or authorized representative
Gina Tutten

Typed or printed name of signee