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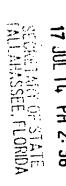
(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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S. WARREN JUL 17 2017

## **COVER LETTER**

то		istration Sec ision of Corp		•	*
CHI	рисст.	825 FAULL	LLC		
SUBJECT: Name of Limited Liability Company					
				•	
The	enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.	
Plea	ase return	all correspon	dence concerning this matter	to the following:	
			David C. Koch, Trustee		
				Name of Person	·····
			825 FAULL LLC		
			<u> </u>	Firm/Company	<del></del>
			PO Box 542307		
				Address	
			Merritt Island, FL 32954-2	2307	
				City/State and Zip Code	
			casalomaholdings@gmail.c	om to be used for future annual report noti	(igntion)
For	further in	nformation co	ncerning this matter, please ca	•	nearony
Da	vid C, Ko	och, Trustee		321 258-5503	
		Name of	Person	at () Area Code Daytim	e Telephone Number
Enc	losed is a	check for the	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 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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person\_being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00