L17000157230

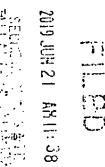
(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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COVER LETTER -

TO:		istration Se sion of Cor		u .						
CHDI		Always a S	weep Chimney and Dryer Vent	Service, LLC						
Name of Limited Liability Company										
The e	nclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.						
Please	return	all correspo	ondence concerning this matter	to the following:						
			Thomas M. Egan							
				Name of Person						
			2107 SE 3rd Avenue	Firm/Company						
			Ocala, Florida 34471	Address						
			tom@egan.pro	City/State and Zip Code						
				to be used for future annual report notifi	cation)					
For fu	rther in	iformation c	oncerning this matter, please co	all:						
Thomas M. Egan				352 629-7110 at ()						
		Name o	f Person	at () Area Code Daytime	Telephone Number					
Enclo	sed is a	check for the	he 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)					

TO:

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

Always a Sweep Chimney and Dryer '	Vent Service, LLC					
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)					
The Articles of Organization for this Limited Liab Florida document number L17000157230	oility Company were filed on 7/24/2017	and assigned				
This amendment is submitted to amend the follow	ring:					
. If amending name, enter the new name of the limited liability company here:						
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the al	observiation "L.L.C."				
Enter new principal offices address, if applicab	le:					
(Principal office address MUST BE A STREET	ADDRESS)					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>					
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>enter</u> e <u>address here</u> :	the name of the ne				
Name of New Registered Agent:						
New Registered Office Address:	Enter Florida street address					
	. Florida	अंग्रिक				
	City . Frontida	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, <u>enter the title, name, and address of each person_being added</u> <u>or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u> AP	Name Brandy Brosius	Address 7 Pecan Run Radial Ocala FL 34472	<u>Type of Action</u> ☐ Add				
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	the date inserted it's effective date					ble statut	ory filing	requirer	nents, thi	s date w	ill not be	: listed a
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Typed or printed name of signee

Filing Fee: \$25.00