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COVER LETTER

TO: Registration Section Division of Corporation				
SUBJECT: Lick	Chaps Name of Lim	LLC. ited Liability Company		
The enclosed Articles of Am	nendment and fee(s) are sub-	mitted for tiling.		
Please return all corresponde	ence concerning this matter	to the following:		
	Kas	o Moreiro Name of Person	47.47.4	
	<u>Licuin</u> C	LOPS LLC.		
	<u> 4539 </u>	Moutain Dr	· · · · · · · · · · · · · · · · · · ·	
	New Port			
	Kara - I:-mail address: (MOTOR 19846 to be used for future annual re	Smcil-com	
For further information conc	erning this matter, please ca	ill:		
Kasa Name of Pa	moreira.	at (<u>72.7</u>) Area Code	306 · 3039 Daytime Telephone Number	
Enclosed is a check for the f	ollowing amount:			
	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing F Certificate of: ced) Certified Copy (additional copy)	Status &
MAILING	G ADDRESS:	STREET/0	COURIER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.)
The Articles of Organization for this Limited Liability Company we florida document number $(L17000-165816)$.	<u>_</u>
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ity company here:
he new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Kara moreira
Principal office address MUST BE A STREET ADDRESS)	4539 Swellowtail Dr.
	New POH Richey FL 34653
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office address here: Name of New Registered Agent:	
	SE TAI
New Registered Office Address:	Enter Florida street address AFD T
	Florida SS - F
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as propeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	performance of my duties, and I am familiar van and covided for in Chapter 605, F.S. Or, if this document is

Horo D. 2005-50.
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 or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Kasa moseira	4539 Swallowteil Dr.	. Ø Add
		New Prod Richey FL. 34	<u>.53</u> □ Remove
			Change
AMBR	Mark Moreira	4539 SWONOWICI Dr.	E ⁄\dd
		New Port Richey FL.34653	🗆 Remove
			Change
			Remove
			🗆 Change
			□ Remove
			Change
			
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