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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALBER TAX ACCOUNTANT

Account Number : I20150000098

: (305)713-9142

Fax Number

: (815)550-9948 ·

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CKAM SHEET METAL SPECIALIST LLC

	NAMES OF TAXABLE PARTY OF TAXABLE PARTY.
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Electronic Filing Menu Corporate Filing Menu

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

CKAM SHEET METAL SPECIAL				
(Name of the Limits	d Liability Company as it A Florida Limited Liability	now appears on our records.) Company)		
The Articles of Organization for this Limited Li Florida document number <u>L17000225853</u>	ability Company were fi	iled on 10/29/2017	and assigned	
This amendment is submitted to amend the follo	owing:		٠	
A. If amending name, enter the new name of	the limited liability co	mpany here:		
CKAM CONSULTING LLC				
The new name must be distinguishable and contain the w	ords "Limited Liability Com	ipany," the designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable:			DZO HAN	
(Muiling address MAY BE A POST OFFICE BOX)			57 E. N	
B. If amending the registered agent and registered agent and/or the new registered of	or registered office affice address here:	address on our records.	enter the name of the new	
Name of New Registered Agent:	UZCATEGUI, CARI	LOS A		
New Designand Office Address	12850 W STATE RO	AD 84, LOT 18-7, 23 JASM	INE LANE	
New Registered Office Address:	Enter Florida street address			
	DAVIE	. Flor	rida <u>33325</u>	
	(Ĉity.	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.

Registered Agent, Signature of New Registered Agent

Page 1 of 3

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

Title	Authorized Member Name	<u>Address</u>	Type of Action
MGR	UZCATEGUI, CARLOS A	12850 W STATE ROAD 84 LOT 1	
		23 JASMINE LANE	☐ Remove
		DAVIE. FL 33325	≅ Change
			□ Add
			☐ Remove
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Note: If the t	te, if other than the date of filing:
f the record s b) The 90th	pecifies a delayed effective date, but not an effective time, at $12:01a.m.$ on the earlier of day after the record is filed.
MAY	22 2020
Dated	
	Signature of a member or authorized representative of a member
	· marketing
ζ.	ARLOS A UZCATEGUI Typed or printed name of signee

Page 3 of 3

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