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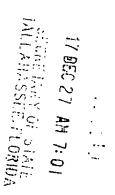
(Requestor's Name)	
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(Document Number)	_
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## **COVER LETTER**

то:	Registration 3 Division of Co			
CHDIE		ELEN LLC		
SUBJE	(,1: <u> </u>	Name of Lim	ited Liability Company	
The enc	losed Articles o	of Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all corres	pondence concerning this matter	to the following:	
		Alfredo E. Cabral		
			Name of Person	
		Cabral Accountants & Ass	sociates _	
			Firm/Company	
		31 SE 5th Street, Ste 312		
			Address	
		Miami, Florida 33131		
			City/State and Zip Code	
		ac.cpa@live.com		
		E-mail address: (	to be used for future annual report notif	ication)
For furtl	her information	concerning this matter, please ca	all:	
Alfredo	Cabral		305 926 - 5724	
	Name	of Person	at () Area Code Daytime	Telephone Number
Enclose	d 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KERGUELEN LLC	A 2014	
(Name of the Limited Lia (A Flo	orida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number $\frac{1.17000231879}{1.17000231879}$	y Company were filed on 11/08/2017	and assigned
This amendment is submitted to amend the following	j,	
A. If amending name, enter the new name of the l	limited liability company here:	
The new name must be distinguishable and contain the words "l	Limited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
(Principal office address MUST BE A STREET AD	ODRESS)	
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>		
B. If amending the registered agent and/or re	existered office address on our records, ent	er the name of the
registered agent and/or the new registered office a	iddress here:	17 TANK
Name of New Registered Agent:		2000 <b>S</b>
New Registered Office Address:		27
	Enter Florida street address	
	, Florida	Zi Xip Code
New Registered Agent's Signature, if changing Registo	ered Agent:	07

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>	Type of Action
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		STE 312	<b>■</b> Remove
		MIAMI, FL 33131	☐ Change
MGR	Francisco J Amador Puche	31 SE 5TH STREET	
		STE 312	
		MIAMI, FL 33131	T (t)
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effective date is listed, the date m	ust be specific and	d cannot be prior	to date of filing	or more than 90 day	's after filing.) Pu	rsuant to 605. Last by lists
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Typed or printed name of signee