## L/7000257656

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J. LEGGETT

## **COVER LETTER**

TO:	Registration Sec Division of Corp						
CHDI		FRAMING, LLC					
Name of Limited Liability Company							
			•				
The er	nclosed Articles of /	Amendment and fee(s) are subr	nitted for filing.				
Please	return all correspor	ndence concerning this matter t	to the following:				
		ANTONIO BARAJAS VA	LENCIA				
			Name of Person				
		BARAJAS FRAMING, LL	.c				
	Firm/Company						
		6233 LOWER ST					
	Address						
		BUSHNELL, FL 33513					
			City/State and Zip Code				
		Ashleyverdeja96@gmail.com					
		E-mail address: (t	to be used for future annual report notifi-	cation)			
For fu	rther information co	oncerning this matter, please ca	dl:				
JENN	IIFER BARAJAS		at ()				
	Name of	Person	Area Code Daytime	Telephone Number			
Enclo	sed is a check for th	e following amount:					
<b>S</b> \$2	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
Clitton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BARAJAS FRAMING, LLC		
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records imited Liability Company)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on 12/18/2017	and assigned
Florida document number L17000257656	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limited	ed Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	ESS)	- ಹ
		37
		30
Enter new mailing address, if applicable:		je i o
<i>5</i> , , , , , , , , , , , , , , , , , , ,		3.
Mailing address MAY BE A POST OFFICE BOX)		<u>ာ က ည ုံ</u>
•		<u> </u>
3. If amending the registered agent and/or register egistered agent and/or the new registered office address	red office address on our records, <u>ss here</u> :	enter the name of the
Name of New Registered Agent:	~	
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	City	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

<b>)</b> "	
	<b>/</b>

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>	Address	Type of Action
AMBR	JENNIFER BARAJAS	6233 LOWERY ST, BUSHNELL, F	<b>■</b> Add
			□ Remove
			Change
			☐ Remove
			Change
OMBOO CO.			Add
			☐ Remove
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Filing Fee: \$25.00