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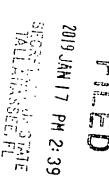
(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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(Do	cument Number)	
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COVER LETTER

TO: Registration So Division of Co			
SUBJECT: LOASI	AL BUSINESS / Name of Lim	MANAGEMENT L.L. ited Liability Company	<u>C.</u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	CHR157	Name of Person	
		Name of Person	
		Firm/Company	
	14 (NHH)	BN (N DOSTAND	1-5-5-11
		FL 3254// City/State and Zip Code	
	E-mail address: (i SC 47 @ CK 1700. (to be used for future annual report notifi	C[f]
For further information of	concerning this matter, please co		
LHRISTON Name o	of Person	at $(\frac{SCO}{Area Code})$	(51/95 Telephone Number
Enclosed is a check for t	he 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

FILED

CHASTAL BUSINICSS	2019 JAN 07 PH 2: 39 IN ANAGEMENT Ity Company as it now appears on old Feedrals D. D. STATE TALLAHASSEE, FL	
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records.) to la Limited Liability Company) IALLARA STATE	
The Articles of Organization for this Limited Liability (fail location to	
Florida document number <u>L18000104190</u>	1 /	
	'	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
	HRISTOPHER WISE LLC	
The new name must be distinguishable and contain the words "Lir	nited 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 ADD.	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
N In a self-or all a self-or leading to the self-or all a		
nce in amending the registered agent and/or registered agent and/or the new registered office address the new registered office address the new registered of the new registered agent and/or registered agent	stered office address on our records, <u>enter the name of the new</u> <u>dress here</u> :	
	*	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	Florida	
	City Zip Code	
New Registered Agent's Signature, if changing Registere	ed Agent:	
provisions of all statutes relative to the proper and caccept the obligations of my position as registered a	and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and igent as provided for in Chapter 605, F.S. Or, if this document is ed office address. I hereby confirm that the limited liability.	
•		
	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>	Name	<u>Address</u>	Type of Action
MER	JUHN HOPSKINS		Add
		1550 ZUCKEL DZ NICE	VILLE, FL PRemove
		·	
	18		
		Remove	
			Change
			☐ Remove
			Change
			Add
			Remove
			Change
			Remove
			☐ Change
			Remove
		Change	

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

 ట్
Effective date, if other than the date of filing:
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed.
Dated D.F 15th day of JANUARY 2019
Signature of a member or authorized representative of a member
$\frac{\text{CHRISTOI'HER IJISE}}{\text{Typed or printed name of signee}}$

Page 3 of 3

Filing Fee: \$25.00