## 11800137812

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ALLAHASSET FLORIDA

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## **COVER LETTER**

TO: Registration S Division of Co		a - /*	
CHIEF TELEVISION	S EILEEN, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	DAN P. HELLER, ESQ.		
		Name of Person	
	HELLER ESPENKOTTE	R, PLLC	
		Firm/Company	
	2701 PONCE DE LEON I	BOULEVARD, SUITE 301	
		Address	
	CORAL GABLES, FLOR	IDA 33134	
	<del></del>	City/State and Zip Code	
	DAN@HELLERLAWGRO		
	E-mail address: (	to be used for future annual report noti-	fication)
For further information	concerning this matter, please ca	all:	
Dan P. Heller		at () 777-3765 Area Code Daytim	
Name	of Person	Area Code Daytim	2 Telephone Number
Enclosed 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**

## WHERE'S EILEEN, LLC

( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L18000137812</u> .	vere filed on 6/4/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abl	oreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:		the name of the new
registered agent and/or the new registered office address nere		777
Name of New Registered Agent:		
New Registered Office Address:		SEA T
New Registered Since Madess.	Enter Florida street address	THE TENT
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a	performance of my duties, and I am for covided for in Chapter 605, F.S. Or,	imiliar with and if this document is

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
MGR	EILEEN C. FISHER FAMILY TRU	12 BASS AVENUE	
		KEY LARGO, FLORIDA 33037	Remove
			☐ Change
MGR	MARK J. FISHER	12 BASS AVENUE	■ Add
		KEY LARGO. FLORIDA 33037	Remove
		<u> </u>	Change
			Remove
			□ Change
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ffective date, if other	than the date of filing:	(ор	tional)	
an effective date is listed, t lote: If the date inserted	ne date must be specific and cannot be prior to da in this block does not meet the applicable on the Department of State's records.	ite of filing or more than 90 days af	ter filing.) Pursuant to 6 his date will not be li	05,0207 sted as
	delayed effective date, but not ar the record is filed.	n effective time, at 12:01	. a.m. on the ear	lier o
JUNE 7	2018			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00