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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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Special Instructions to	Filing Officer:	

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SECRETARY OF STATIONS

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COVER LETTER

TO: Registration Division of C				
CHARLES AND COMME	THE DC, LLC,			
	Name of Lin	nited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	unitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	ANGELINE K. BRUTUS			
		Name of Person		
	6132 STATE ROAD 7 #10	Firm/Company		
	COCONUT CREEK, FL 3	Address 33073		
	angiethede(wgmail.com	City/State and Zip Code		
Car Carta (a Carray)		to be used for future annual report notif	ication)	53
ANGELINE K. BRUT	reoncerning this matter, please c	att:		10 KA
Name	e of Person	at () Area Code Daytime	: Telephone Number	CRETORY COR
Enclosed is a check for	the following amount:			PH 5:
■ \$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 radditional copy is enclosed.	
Mai	LING ADDRESS:	STREET/COURI	ER AÐDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANOIL THE DC, LLC.	ited Liability Compe	in a it now announ an	our washed \		
(Same in the than	(A Florida Limited	iny as it now appears on Liability Company)	our records,)		
The Articles of Organization for this Limited I	Liability Company	were filed on $\frac{08/01/2}{2}$	018	_ and assign	ed
This amendment is submitted to amend the fol					
A. If amending name, enter the new name	of the limited liab	ility company here:			
N/A					
The new name must be distinguishable and contain the	words "Limited Liahi	lity Company," the design	ation "LLC" or the abbre	viation "L.L.C	
Enter new principal offices address, if appli	icable:	N/A			
Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>				
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE</u>	E BOX)	NtA			<u> </u>
			-	<u> </u>	<u> </u>
					달병
If amending the registered agent and registered agent and/or the new registered of	1/or registered o office address har	ffice address on ou	r records, <u>enter th</u>	e name of	the n
egistered agent and/or the new registered to	ATICC address her	<u>c</u> .		72	100 mg/s
Name of New Registered Agent:	ANGELINE K	BRUTUS		<u> </u>	
New Registered Office Address:	6132 STATE R	OAD 7, #109		32	101
-		Emer Florida s	treet address		(
	COCONUT CE	REEK	, Florida 33073		
		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. Thereby 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:

<u>Title</u>	<u>Name</u> N/A	Address	Type of Action
			Add
			Remove
			Change
			□ Remove
			Change
			□ Remove
			□ Change
			
			□ Remove
			Change
		□ Remove	
			☐ Change
			Remove
			□ Change

E ffee	04/30/2019 tive date, if other than the date of filing: (optional)
(If an e Note:	five date, if other than the date of filing:
) The	ccord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier on the earlier of each the record is filed.
Date	1 APRIL 30 2019
Dine	
	Signature of member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00