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Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporat	tions	•		
SUBJECT: <u>CHARL</u>	LES AND BC Name of Limit	Ittony LLC ed Liability Company		
The enclosed Articles of Amer	ndment and fee(s) are subm	nitted for filing.		
Please return all corresponden	ce concerning this matter to	the following:		
_	Charles h	Name of Person		
_	COVERALL	Firm/Company		
_	9732 bride	geway Avenu	re	
_	3 acksonvic	CE FL 32 City/State and Zip Code	111	
_	E-mail address: (to	be used for future annual r	eport notification)	
For further information concer	ning this matter, please cal	1:		
Charles War Name of Pers		at (<u>B72</u>) Arca Code	232 - 5414 Daytime Telephone Number	
Enclosed is a check for the fol	lowing amount:			
S25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certifical osed) Certified	e of Status &

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

Char	125 And brittant LCC
(Name of the Limited (A	Liability Company as it now appears on our records. Florida Limited Liability Company)
_	pility Company were filed on 10-19-2018 and assigned
Florida document number <u>L18000 240 H</u>	<u>oo</u>
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of the	he limited liability company here:
CHARLES And Quinyatta C The new name must be distinguishable and contain the work	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u>0x)</u>
B. If	· ~
B. If amending the registered agent and/or registered agent and/or the new registered office	r registered office address on our records, enter the name of the ce address here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	nip 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 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 addor removed from our records:

MGR = Manager AMBR = Authorized Member

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

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F Effect	tive date, if other than the date of filing: (optional)
(If an et	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
docum	ient 3 checuve date on the 15cpatiment of State 3 records.
7.F I	
If the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: a 90th day after the record is filed.
(5)	s sourced for the record to thee.
Dated	9 - 10 - 19
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	CHARLES IN/ABREN
	Typed or printed name of signee

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

Page 3 of 3

Filing Fee: \$25.00