# L18000247350

| (Requestor's Name)                      |                 |
|---|-----------------|
| (Address)                               | 900358113       |
| (Address)                               |                 |
| (City/State/Zip/Phone #)                |                 |
| PICK-UP WAIT MAIL                       |                 |
| (Business Entity Name)                  | 01/15/210101201 |
| (Document Number)                       |                 |
| Certified Copies Certificates of Status |                 |
| Special Instructions to Filing Officer: | • •             |
|   |                 |

Office Use Only



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### **COVER LETTER**

| ): Registration Section Division of Corporations   |
|--|
| UBJECT: Casun H Supply LLC  Name of Limited Liability Company  |
| Γhe enclosed Articles of Amendment and fee(s) are submitted for filing.  |
| Please return all correspondence concerning this matter to the following:  |
| Melinda Hughes Name of Person  |
| Gason H Supply LLC Firm/Company  |
| 1742 S. Woodland Blvd # 442.   |
| Deland Fl 32120 City/State and Zip Code  |
| E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:   |
| Melinda Hughes at 405, 308 3809  Name of Person Area Code Daytime Telephone Number   |
| Enclosed is a check for the following amount:  |
| S25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  S60.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| CasonH Dup   | PRI LL                                      |                                       |                               |
|--|---|---------------------------------------|-------------------------------|
| (Name of the Limited Liability Compa<br>(A Florida Limited)  | any as it now appears<br>Liability Company) | on our records.)                      |                               |
| The Articles of Organization for this Limited Liability Company  | were filed on $\bigcirc$                    | 4 02 20                               | 218 and assigned              |
| Florida document number L 18 000 24 73 8.0   |   |                                       |                               |
| This amendment is submitted to amend the following:  |   |                                       |                               |
| A. If amending name, enter the new name of the limited liab  | oility company here                         | 2:                                    |                               |
| Cason H. LLC   |   |                                       |                               |
| The new name must be distinguishable and contain the words "Limited Liabi  | lity Company," the des                      | ignation "LLC" or th                  | e abbreviation "L.L.C."       |
| Enter new principal offices address, if applicable:  | <del> </del>                                |                                       |                               |
| (Principal office address MUST BE A STREET ADDRESS)  |   |                                       |                               |
|  | <del></del>                                 | <del> </del>                          | 202                           |
|  |   |                                       | I F                           |
| Enter new mailing address, if applicable:  |   | · · · · · · · · · · · · · · · · · · · |                               |
| (Mailing address MAY BE A POST OFFICE BOX)   | <del> </del>                                |                                       | <u>ரு</u> <u>ப</u>            |
|  |   |                                       | <u> </u>                      |
|  |   |                                       | دی                            |
| B. If amending the registered agent and/or registered office a<br>agent and/or the new registered office address here: | address on our rec                          | ords, <u>enter the n</u>              | ame of the new registered     |
| agent and/or the new registered office address nere.   |   |                                       |                               |
| Name of New Registered Agent:  |   |                                       |                               |
|  |   | <del> </del>                          |                               |
| New Registered Office Address:   | Enter Florid                                | a street address                      |                               |
|  |   | Florida                               |                               |
| <del></del>  | City .                                      | , Florida                             | Zip Code                      |
| New Registered Agent's Signature, if changing Registered Agent:  | <u>.</u>                                    |                                       | ,                             |
| hereby accept the appointment as registered agent and agr  | ee to act in this ca                        | pacity. I further                     | !<br>agree to comply with the |

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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person removed from our records:

AGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address      | Type of Action |
|--------------|------|--------------|----------------|
|              |      |              | □Add           |
|              |      |              | □Remove        |
|              |      |              | □Change        |
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## Page 2 of 3

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|   | : 55 년<br>- 골 년   |
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| fective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be prior to date.  If the date inserted in this block does not meet the applicable cument's effective date on the Department of State's records. | te of filing or more than 90 days after filing.) Pursuant to 605.02 |
| record specifies a delayed effective date, but not an<br>The 90th day after the record is filed.  | effective time, at 12:01 a.m. on the earlier                        |
| $ted \frac{1 \cdot 12 \cdot 21}{(21)}$  |   |
| Signature of a member or authorized  Melinda Hughe S  Typed or printed nar  | representative of a member  |
| J. Signature of a memoer of authorized  | representative or a memoria   |

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