H18000 2399951

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COVER LETTER

Registration Section

Division of Corporations

TO:

CUR IIVO	СЈМ І	DECLUE, LLC	
SUBJECT:	Name of Lin	nted Liability Company	
The enclosed Articles of .	Amendment and fec(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Melinda St. Germain	
		Name of Person	
		CJM DECLUE, LLC	
		Firm/Company	
		218 S. Lake Ave.	
		Address	
		Apopka, FL 32703	
		City/State and Zip Code	
		melindastg@ins4ff.com	
	E-mail address: (to be used for future annual report no	otification)
For further information co	oncerning this matter, please c	all:	
Melinda St. 0	Germain	407 884-7843 at ()	
Name of	Person	Area Code Dayti	me Telephone Number
Enclosed is a check for th	e 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 S Division of C P.O. Box 632 Tallahassee. F	ection orporations 7	Street Address: Registration S Division of Co The Centre of	orporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	DECLUE, LLC		
(Name of the Limited Liability Co (A Florida Lin	ompany as it now appeanted Liability Company)	r <u>s on our records.</u>)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L18000289951</u> .	pany were filed on	December 18, 2018	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company h	ere:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the c	designation "LLC" or the a	obreviation "L.L.C."
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDRES.	<u></u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our r	ecords, <u>enter the nan</u>	ne of the new registere
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	rida street address Florida	Zip Code
	City	, riorida	Zip Code
New Registered Agent's Signature, if changing Registered Ag	gent:		

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 limite limite company has been notified in writing of this change.

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
AMBR	Karl Reisterer	2125 Brookside Drive	
		Mount dora, FL 32757	\equiv \eq
			☐ Change
AMBR	Matthew DeClue	528 Sand Wedge Loop	\(\begin{align*}
		Apopka, FL 32712	□Remove
	<u> </u>		□Add
			Remove
			Change
			□Remove
			□Change
			
			□Remove
			□ Change
·			□Add
			□ Remove
			□Change

Effective date, if other than the date of filing:
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ord is filed.
Dated September 20 2022
$\mathcal{X} + \mathcal{U} / \mathcal{U} =$
Jesh Nevu
Signature of a member or authorized representative of a member
Lester DeClue

Typed or printed name of signee