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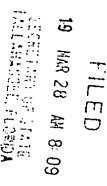
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## **COVER LETTER**

Division of Corporations .
SUBJECT: Chucho'S Framing LLC  Name of Limited Embility Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Briseyda Hernandez-Sanchez
Chucho's Framing LLC
2921 Caider dr. Address
Jacksonville FL 32250 City/State and Zip Code
briseydah69@hotmail. Com E-mail audiress: (to be used for future annual report notification)
For further information concerning this matter, please call:
Briseyda Hernandez at (904) 536 7768  Name of Person at (904) Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$\text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\Bigcup \$\text{\$\text{Certified Copy} \\ \text{(additional copy is enclosed)}\$

MAILING ADDRESS: Registration Section

TO:

Registration Section

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

Chucho's Fran	ning LLC	
(A F	iability Company as it now appears on our forida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liabil Florida document number L1900065		h 7, 2019 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation	on "LLC" or the abbreviathon "L.E.C."
Enter new principal offices address, if applicable	e:	28 [
(Principal office address MUST BE A STREET A		
		्यू 🗘 🗴
		₩ 00 ₩
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		ecords, enter the name of the new
registered agent and/or the new registered office	addits inte.	
Name of New Registered Agent:		
		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida stree	t address
		, Florida
<del>-</del>	City	Zip Code
New Registered Agent's Signature, if changing Regis	stered Agent:	
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the regi- company has been notified in writing of this cha-	and complete performance of my dul red agent as provided for in Chapter istered office address, I hereby conf	ties, and I am familiar with and 605, F.S. Or, if this document is

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>	Address	Type of Action
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	Hernandez	Jacksonville, FL	□ Remove
		32250	Change
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			🗆 Remove
		<del></del>	Change
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E. Effec	tive date, if other than the date of filing:		_ (optional)
(If an e	Tective date is listed, the date must be specific and cannot be.  If the date inserted in this block does not meet the ap-	prior to date of filing or more than 90 d	lays after filing.) Pursuant to 605,0
	nent's effective date on the Department of State's reco		
	cord specifies a delayed effective date, but e 90th day after the record is filed.	t not an effective time, at 1	2:01 a.m. on the earlier
(4)			
Date	0312712019	···· · ·	
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Page 3 of 3

Filing Fee: \$25.00