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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	Mait	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO:	Registration Se Division of Cor		_	
SUBJE		HRAN FIRM CENTRAL FLO	RIDA LLC	
SOBJE	c i	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	-	
		CHANNA LLOYD		
		•	Name of Person	
		THE COCHRAN FIRM		
		··	Firm/Company	
		118 E. JEFFERSON STREET, SUITE 208		
		Address		
		ORLANDO, FL 32801		
		City/State and Zip Code CLLOYD@COCHRANFIRM.COM		
		E-mail address: (to be used for future annual report not	tification)
For furt	her information c	oncerning this matter, please c	all:	
CHAN	NA LLOYD		407 271-8590 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclose	d is a check for th	ne following amount:		
□ \$ 25	.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres	<u>s:</u>	Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

(Name of the Limited Liability	Company as it now appears on our records. imited Liability Company)	<u>)</u>
(A Florida Li	imited Liability Company)	
he Articles of Organization for this Limited Liability Con	npany were filed on 04/03/2019	and assigned
lorida document number 1.19000089003		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limite	d liability company here:	
THE COCHRAN FIRM ORLANDO LLC		
he new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE.	SS)	
		202
		202) JAN
nter new mailing address, if applicable:		
		<u>_</u>
Mailing address MAY BE A POST OFFICE BOX)		
		r:::: -
3. If amending the registered agent and/or registered of gent and/or the new registered office address here:	office address on our records, <u>enter t</u>	he name of the new registe
em and of the new registered office address here.		
N		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Flor	rida
	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, 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

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

Page 2 of 3

(If an e Note	tive date, if other than the date of filing:
the re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	JANUARY 24 Signature of a plember of authorized representative of a member
	- Commence of the commence of
	CHANNA LLOYD