L19000108091

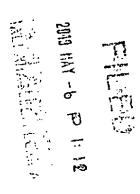
(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

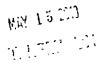
Office Use Only



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COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT: MOV	Name of Limite	Cichelle LLC ed Liability Company	
The enclosed Articles of Ame	ndment and fee(s) are subm	itted for filing.	
Please return all corresponden	ce concerning this matter to	the following:	
-	Mich	nelle Moreau Name of Person	
-		Firm/Company	
-	1201	Detender C	Court West
-	Jack	City/State and Zip Code	32233
_	E-mail address: (to	DREAU 11 C Q be used for future annual report notifica	mail.com
For further information conce	rning this matter, please cal	1:	
Michell Name of Pers	e Moreau	at (QOL) 307 - Area Code Daytime To	3337 elephone Number
Enclosed is a check for the fol	llowing amount:		
\$25.00 Filing Fee	S30.00 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 Section Division of Corporations P.O. Box 6327

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Utal	With Michelle willity Company as it now appears on or ida Limited Liability Company) 7173	ur records >> 1: 12
The Articles of Organization for this Limited Liability Florida document number <u>L190010809</u>	Company were filed on TALLAN	and assigned
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company." the designate	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD.	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re- registered agent and/or the new registered office a		records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	eet address
		Florida
	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 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
MGR	Jennifer Nicholson	1201 Defender Court	<mark>∕/.</mark> □ Add
		1201 Defender Caurty Jacksonville, FL 32233	Remove
			Change
			□ Remove
			Change
			Add
			Remove
			Change
		·	□ Add
			□ Remove
			Change
			□ Add
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			Change Change

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n effe ote: T	tive date, if other than the date of filing:
reco The S	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed.
ted _	May 2 . 2019
	Signature of a member or authorized representative of a member
	Michelle Moreau Typed or printed name of signee