L19000 114 433

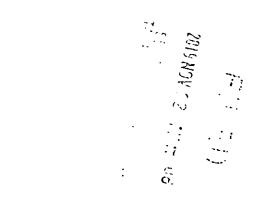
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Document Number)		
Certified Copies	_ Certificates o	f Status
Special Instructions to Filing Officer.		
}		

Office Use Only



700337297357

11/20/13-431007-400 4405.50





COVER LETTER

TO:	Registration Se Division of Cor			
SHRIF	C&H CARI			
SCBILC	-1.	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	-	
riease re	ium all correspo	ndence concerning this matter JOHN HUSSEY	to the following:	
			Name of Person	
		1011 E JEFFERSON STR	Firm/Company EET	
		ORLANDO, FL 32801	Address	
		JHUSSEY@REALTREND	City/State and Zip Code .COM	
		E-mail address: (to be used for future annual report notifi	cation)
For funh	er information co	oncerning this matter, please ca	all;	
JOHN H	USSEY		407 448-2769	
	Name of	F Person	at () Area Code Daytime	Telephone Number
Enclosed	l is a check for th	e following amount:		
■ \$25.6	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 tadditional copy is enclosed)

MAILING ADDRESS:

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

C&H CARLIG, LLC

(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records da Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Florida document number L19000114433		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2019 H
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		enter the name of the
Name of New Registered Agent:		<i>D</i>
New Registered Office Address:		
THE INCHMENTAL OFFICE AND COLD	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	, Flo	orida
	Ciŋ [,]	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>	<u>Address</u>	Type of Action
MGR	JOHN HUSSEY	1011 E. JEFFERSON STREET ORLANDO, FL 32801	□ Add
			■ Remove
			Change
		-	
			Remove
			Change
			□ Remove
			Change
			□ Remove
			Change
			Remove
			Change
			Add
			Remove
			Change

			nch additional sheets, if necessary.)	
				·
•				
•				
_				
•				
•				
•		-		
			· · · · · · · · · · · · · · · · · · ·	
		r en:	(
(If an ei <u>Note:</u>		cific and cannot be prior to date or es not meet the applicable sta	(optional) of filing or more than 90 days after filing.) Pure tutory filing requirements, this date will	
	cord specifies a delayed effec e 90th day after the record is		ffective time, at 12:01 a.m. on t	he earlier of:
Dated	NOVEMBER 14	2019		
	Signatu	re of a member or authorized re	presentative of a member	

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee