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COVER LETTER

TO:	Registration Se Division of Cor					
CHD IEA		-Mike, LLC				
SUBJEC	CT:	Name of Limi	ited Liability Company			
The encl	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		Alfred M Walton				
			Name of Person			
		Forty Mlke-Mike, LLC				
		Firm/Company				
			Address			
		Titusville, FL 32796		13		
		amwalton77@yahoo.com	City/State and Zip Code			
		E-mail address: ()	to be used for future annual report notific	cation)		
For furth	her information c	oncerning this matter, please co	all:			
Alfred M	M Walton		321 360-8096 at ()	C		
	Name o	t Person		Telephone Number		
Enclose	d is a check for th	he 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)		
		ING ADDRESS: ration Section	STREET/COURIE Registration Section			

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

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Forty Mike-Mike, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{5/3/19}{2}$ and assigned Florida document number 119000121057 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida _

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 wit 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 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.

City

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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Actio
PD	ALFRED M WALTON	3280 ARGYLE RD. TITUSVILLE, FL 32796	Add
			☐ Remove
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Note: If the	ate, if other than date is listed, the date date inserted in the effective date on the	is block does not	meet the applicabl	date of filing or more the e statutory filing req	(optiona an 90 days after filir uirements, this da	l) ig.) Pursuant to 605.020 te will not be listed a
the record) The 90t	specifies a dela h day after the	ayed effective record is filed	date, but not a !.	in effective time	, at 12:01 a.m	. on the earlier o
Dated JUN	E 24		2019			
-		Signature of	a member or authoriz	ed representative of a r	nember	
	ALFRED M WAL	TON				
			Typed or printed i	name of signee		

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Filing Fee: \$25.00