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COVER LETTER

	ation Section of Corporations			
SUBJECT:C	HRISWIN LL	Name of Lin	nited Liability Company	
		11076 01 1211	meet maching company	
The enclosed Art	icles of Amendment a	nd fee(s) are sub	omitted for filing.	
Please return all	correspondence conce	ming this matter	to the following:	
		MARK A. C	HRISTO PHEM	
			Name of Person	***
		CHRIS	Firm/Company	
			Firm/Company	
		373/ 75	7th 57. E. Address	
			Address	
	<u> </u>	LMETTO, FI	/ 3493/ City/State and Zip Code	
			City/State and Zip Code	
		machrist	of 6 ichod. com	
		E-mail address:	(to be used for future annual report noti	fication)
For further infor	nation concerning this	matter, please o	call:	
MARK	A. CHRISTUPI	4Fa_	at (7/6) 909 · · · · · · · · · · · · · · · · · ·	1250
	Name of Person		Area Code Daytime	e Telephone Number
Enclosed is a che	ck for the following a	mount:		
□ \$25,00 Filing		Filing Fee & cate 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
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

CHRISWIN	146			<u></u> ,		_
(Name of the Limited	Florida Limited L	iability Com	appears on our pany)	records.)		
The Articles of Organization for this Limited Liab		were filed	on <u>MAY</u> 6	2019	and	i assigned
Florida document number <u>L 1900/123/56</u>	 ·					
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of t			 _			
The new name must be distinguishable and contain the wor	ds "Limited Liabili	ty Company,	" the designatio	n "LLC" or th	e abbreviation	n "L.L.C."
Enter new principal offices address, if applicat (Principal office address MUST BE A STREET	ole:	373/	75 Hh 8	TE.		
(Principal office address MUST BE A STREET	ADDRESS)	PALA	e TO F/	34221		riation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	<u>0X)</u>	<i>"</i>		• • • • • • • • • • • • • • • • • • • •		
B. If amending the registered agent and/or registered agent and/or the new registered office			ss on our r	ecords, <u>en</u>	TT.	10
Name of New Registered Agent:	MARK	A. CHE	15 TUPHER		HASS	~
New Registered Office Address:		5 /4 87 Eni	E. er Florida street	address		
	PALMO	TO	- 11 -	, Florida	13425	<i>,</i>
		Cirv			Zip C	ode

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 = M AMBR = A	lanager authorized Member		
<u>Title</u>	Name	Address	Type of Action
	Copy IRWIN		[] Add
		4337 22nd AUE N	Remove
		STAINT PETERSBURG, F1 33713	□ Change
			D Add
			Remove
			Change
			Remove
			Change
			□ Remove
			Change
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effective	date is listed, date inserte	the date m	iust be spec	cific and o	cannot be	prior to da	ate of filing	or more t	han 90 d	iys after fi	ling.) Purs	
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Page 3 of 3

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