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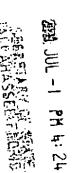
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COVER LETTER

TO: Registration Se Division of Cor			
Joseph Ch	ase LLC		
SUBJECT:			
	Name of Lim	ited Liability Company	JUL -
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	SKILL PH
Please return all correspo	ondence concerning this matter	to the following:	TON 4: 24
	Joseph Chase Lombardo		हिस्सा का स्थापन
		Name of Person	
		Firm/Company	
	650 NE 32nd St. unit 260	4	
		Address	
	Miami, FL. 33137		
	chaselombardo87@gmail.c	City/State and Zip Code com	
	E-mail address: (to be used for future annual report notifi-	cation)
For further information c	oncerning this matter, please ca	all:	
Joseph Lombardo		305 619-6539	
Name o	of Person	at () Area Code Davtime	Telephone Number
. and o		71102 0000	, coopilote : samoo
Enclosed is a check for the	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)

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

TO ARTICLES OF ORGANIZATION OF

Joseph Chase LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

·	• • • •	7 7
The Articles of Organization for this Limited Lial	bility Company were filed on	ând assigned
Florida document numberL19000139228		24
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	the limited liability company here:	
Joseph C Lombardo LLC		
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC	"Or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ble:	<u> </u>
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:	(V)	
(Mailing address MAY BE A POST OFFICE B	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office.		s, <u>enter the name of the new</u>
Name of New Registered Agent:	···	
New Registered Office Address:		
	Enter Florida street addre.	S.S
		lorida
	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

or removed from our records:

MGR = Manager AMBR = Authorized Member

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

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		i
(If an cf <u>Note:</u>	ve date, if other than the date of filing:	(b
If the re (b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.	
5 . 1	June 28 2019	
Dated	Signature of a member or authorized representative of a member	
	Joseph C Lombardo	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00