L19000200005

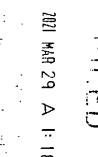
(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration S Division of Co			
CHD IECT.	ELEDGE LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	bmitted for filing.	
Please return all correspondent	ondence concerning this matter	r to the following:	
	PHILLIP ELEDGE		
		Name of Person	
		Firm/Company	
	38 LINDER CIR	Address	
	HOMOSASSA, FL 34446		
	windblownphotos@gmail.c	City/State and Zip Code	
For further information of	E-mail address: (concerning this matter, please c	(to be used for future annual report notification)	
Phillip Eledge	g , promo	352 601-0546 at ()	
Name o	of Person	Area Code Daytime Telephone Number	
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee Certificate of State Certified Copy (additional copy is enclosed)	atus &
		<i>2021</i>	Ø
Mailing Address		Street Address: Registration Section Division of Corporations	'n
Registration : Division of C		Registration Section Division of Corporations	
P.O. Box 632	•	The Centre of Tallahassee	[
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	E D

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PHILLIP ELEDGE LLC				
(Name of the Limited	I Liability Compa A Florida Limited	any as it now appears on o Liability Company)	ur records.)	
ne Articles of Organization for this Limited Lia orida document number L19000200005	bility Company	were filed on August 6	5, 2019	and assigned
	· · ·			
his amendment is submitted to amend the follow	ving:			
. If amending name, enter the new name of t	the limited lial	oility company here:		
/A		<u> </u>		
ne new name must be distinguishable and contain the wo	rds "Limited Liabi		tion "LLC" or the abl	previation "L.L.C."
nter new principal offices address, if applica	ble:	N/A		
<u>Principal office address MUST BE A STREET</u>	'ADDRESS)			-
nter new mailing address, if applicable:		N/A		
Mailing address MAY BE A POST OFFICE B	OX)			
		-	_	
		_		
. If amending the registered agent and/or regent and/or the new registered office address		address on our record	ls, <u>enter the nam</u> e	e of the new regist
the new registered office aduress	<u>nere</u> :			
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A	Enter Florida str	2-	<u>s</u> 6
		Enter Florida str	eet address	BEI HAR
			, Florida	\$ 7
		City		Nin Code

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, Pthis 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.

New Registered Agent's Signature, if changing 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>	Name	<u>Address</u>	Type of Action
AR	Kari S Eledge	38 Linder Circle	
		Homosassa, FL 34446	= Remove
			Change
			
			Remove
			Change
			□ Remove
			Change
			□Add
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			Add Remove
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ctive date, if other than the	date of filing:	(optional)_
effective date is listed, the date mus	t be specific and cannot be prior to date of filing	g or more than 90 days after filing.) Pursuant to 605.02
ument's effective date on the Do	ock does not meet the applicable statutory partment of State's records.	filing requirements, this date will not be listed
		MAR I
ord specifies a delayed effective	e date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after th
filed.	tate, but not an effective time, at 12.01	a.m. on the earner of: (b). The 90th day after the
		- D
March 25	2021	Ş -
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Ha		
Than	Signature of a member or authorized represent	stative of a member