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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Z Chimpey Name of Limi	8 Dryer Vents Ted Liability Company	LLC
The enclosed Articles of	Amendment and fee(s) are subi	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	<u> </u>	Name of Person	
	2	499 Ingress of	
		1/6 hessee FL / City/State and Zip Code	32303
	E-mail address: (t	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
Name o	r Person	at () 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 & 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

F-7- Ch	immey di Diyer V	Yents LLCER 3
(Name of the Limited I	Liability Company as it now appears or Florida Limited Liability Company)	i our records.)
Florida document number	46	0-07/2019 France 2:
This amendment is submitted to amend the following	ing:	9r 10
A. If amending name, enter the new name of th	es of Organization for this Limited Liability Company were filed on the company were filed on th	
Enter new principal offices address, if applicable	le:	nation "LLC" or the abbreviation "L1C."
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
	~	ir records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
		Florida
	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

· 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>	Address	Type of Action
Ampr	michael Robard	2999 Ingress rel	\\ \overline{\sqrt{Add}}
		2909 Ingress rel' tallahassee, FL 32303	D Remove
		32303	Change
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reifec <u>te:</u> I	e date, if other than the date of filing:
reco he (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.
ed	10-22-19
	MINO
_	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00