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O SIMMONS

JAN 3 0 2020

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CO hemo LLC
Name of Limited Liability Company
: The enclosed Articles of Amendment and fee(s) are submitted for filing.
·
Please return all correspondence concerning this matter to the following:
Nabil Hureira
Name of Person
(70 Lemo I-1-6)
Firm/Company
3-1-1-0
2501 IOWNSEND BIVE apt 158
Address
Jacksonville HL 32277
City/State and Zip Code
·
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Nabil Hureira 11904, 465-5348
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
₹25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,
Certificate of Status Certified Copy Certificate of Status
. (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Street Address:
Registration Section Registration Section
Division of Corporations Division of Corporations
P.O. Box 6327 The Centre of Tallahassee
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ed 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 Florida document number 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 apprexistion 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

or removed fro	om our records:	:	6 ·	and address of each person being added
MGR = Mar AMBR = Aut	ager horized Member	•		
<u>Title</u>	<u>Name</u>		<u>Address</u>	Type of Action
		:		□ Add
		:		□Remove
				□Change
		· · · · · ·		□Add
				SEO Remove
		,		PH. 36
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				□Remove
				Change

□Add

□Remove

□Change

Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing 1 Pursuant to 605.020 Note: If the date inserted in this block does not most the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. Typed or printed admit of states. (optional) (optional) (optional) (optional) Fursional to 605.020 (and of this gor more than 90 days after filing 1 Pursuant to 605.020 (document's effective date on the Department of State's records. (b) The 90th day after the ord is filed. Dated December 30 . 2019 Signature of a member or hisborated representative of a member. Typed or printed admit of signer.					****			
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