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(Re	questor's Name)	
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PICK-UP	MAIT	MAIL
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2012 JUL 31 AN ID: 57

2023 JUL 31 AM 10: 3

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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: ()	UM SKII	LLC ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Karstons Chum\$	Name of Person Firm/Company	
	1334 Tim	ber lane Road Address	
	Tallahassee, Chunskili	City/State and Zip Code City/State and Zip Code Code Solve March 1 to be used for future annual report noti	- Cary fication)
For further information ec	oncerning this matter, please c		· · · · · · · · · · · · · · · · · · ·
Karsterns Name of	Rang	at (850) 801- Area Code Daytim	1208 e Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	<u>s:</u>	Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Chumskiii LLC	iny as it now appears on our records.)
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2000/10 7905</u> .	were filed on $04/20/2020$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab Chomskii L.L.C The new name must be distinguishable and contain the words "Limited Liabiletic Liabileti	
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	lity Company," the designation "LLC" or the abbreviation "L.L.C." 13347imber lane Road Tallahassee, FL, 32212
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1334 Timberlane Road Tallahassee, FL, 37317
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registerec</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florido

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.

Cuv

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

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

Effective date, if other than the date of filing: (Uff 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.) Pursuant to 605.0207. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ord is filed. Dated Signature of a nignitive of a nignitive representative of a member	-	
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Signature of a member or authorized representative of a member	Dated	·
Signature of a member or authorized representative of a member		
		Signature of a member or authorized representative of a member

Filing Fee: \$25.00