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(Re	questor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	1
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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TO: Registration Se Division of Cor	porations		
SUBJECT: CHA	Name of Lim	EANTNG (SERVICESL
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Cacha	A TICOT Name of Person	
	Charles C	EANINGSER VI Firm/Company	CES LL C
	1 Souther	Address LN AP	4 207_
	BOYNTON BROW	City/State and Zip Code	/
	Cachaltedores: (1	to be used for future annual report not	(fication)
For further information co	oncerning this matter, please ca	all:	
CACha Name of	Alticlor Person	at (<u>786)</u> <u>500</u> Area Code Daytim	6-63 88 ne Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	S30.00 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)
<u>Mailing Addres</u> Registration S Division of C	Section	<u>Street Address:</u> Registration Se Division of Co	

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

TO ARTICLES OF ORGANIZATION OF

Cachen CI-	egning So	ervice LLC		
Ca Chen ()- (Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on o Liability Company)	ur records.)	
The Articles of Organization for this Limited I				2021 and assigned
This amendment is submitted to amend the fol	lowing:			2
A. If amending name, enter the new name of the new name must be distinguishable and contain the	R/174	SERVIC	ES LL	9: 51
Enter new principal offices address, if appli	cable:	1 South	rn cross	LANC
(Principal office address MUST BE A STRE	ET ADDRESS)	Baynton	Bet-Ch	FL 334
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u> </u>			
B. If amending the registered agent and/or agent and/or the new registered office addressed of New Registered Agent:	ess here:	address on our record		of the new regis
				207
New Registered Office Address:	1_X.41/Y	<u>PA COSS L</u> Enter Florida str	(~PC FVI_ eet address	<u> </u>
	BOMN to	n Blach	, Florida	33436 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 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 i 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>	Name	<u>Address</u>	Type of Actio
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n effective date is te: If the date	inserted in this b	e date of filing: _ st be specific and cal lock does not mee department of State	nn ot be prior it the applica	to date of filing	or more than 90	-	;.) Pursuant to 605.0
ecord specifies is filed.	a delayed effectiv	/e date, but not an	effective tir	me, at 12:01 a	.m. on the earl	ier of: (b) Th	ne 90th day after
ted				<u> </u>			
•	· · · · · · · · · · · · · · · · · · ·	Signature of a mer	nber or autho	rized represent	itive of a memb	er	