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SECRETARY OF STATE
TALL AND SECRETARY

12/10/20

COVER LETTER

TO:

Registration Section

Division of Corporations		
SUBJECT: CHRISTIANSCH	MTZ // C mited Liability Company	
, <u></u>	and statemy	
The enclosed Afticles of Amendment and fee(s) are sub	bmitted for filing.	
Please return all correspondence concerning this matter	r to the following:	
_ Chri	Name of Person	
CHR	STSTIANSCHMIZ CCC	
310 3.7	Taylord. Seffner, FC	
Sef	Fru FC 33584 City/State and Zip Code	
E-mail address: (City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code (to be used for future annual report notification)	
For further information concerning this matter, please c		
Christian Schmit	at (813) 433 - 4424 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:		
\$25.00 Filing Fee Scrifficate 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 &
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: 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**

FILED

CHRESTEANSO	14MIZ 2020 08T 30 PH 12: 32
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) TARY OF STATE TALL AHASSET FI
The Articles of Organization for this Limited Liability Company Florida document number <u>LQOO03201\3</u>	were filed on $0/9/20$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab CHRISTIAN SCHMI The new name must be distinguishable and contain the words "Limited Liabil SPACE Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	7 LLC
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	·
New Registered Office Address:	Enter Florida street address
N	City , Florida NA 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>	<u>Address</u>	Type of Action
MGR	Christian Schmiz	310 S taylor rd. Sedfner, F	233584 2 MAdd
			□Remove
			□Change
			🗆 Add
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			□ Change

	N/A
	
(If an e Note	tive date, if other than the date of filing:
the reco	ord 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 filed.
Date	1 October 26.44, 2020.
	Charles International
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

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