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2024 MAY 21 AM 9: 01

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 51.11 Chick TRASONATON LL ( 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:
Juandra C Mellan Name of Person
Firm/Company
BB42 International lillage Col
Speksonville Horida 32277
City/State and Zip Code
For further information concerning this matter, please call:
at (
Name of Person Area Code Dayunie Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Sa0.00 Filing Fee Sa0.00 Filing Fee Sa0.00 Filing Fee Sa0.00 Filing Fee Satus

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

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Shill hill legg of the Limited Liability Company as it now are (A Florida Limited Liability Company)	opears on our records.)
The Articles of Organization for this Limited Liability Company were filed or Florida document number 2000134647.  This amendment is submitted to amend the following:	n and assigned
A. If amending name, enter the new name of the limited liability compand	<del></del>
Enter new principal offices address, if applicable:	<b>20</b>
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	AY 21 AM 9: 14
B. If amending the registered agent and/or registered office address on or agent and/or the new registered office address here:	ur records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
Enter	r 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

, Florida \_

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>	Name	Address	Type of Action
			□Remove
			Change
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an eff <u>Vote:</u>	ive date, if other than the date of filing:
record is fi	rd 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 led.
i	/ \ \ //@\\\/\\\\\\\\\\\\\\\\\\\\\\\\\\

Filing Fee: \$25.00