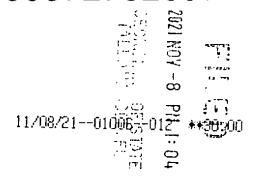
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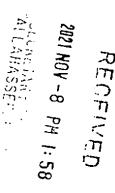
(Requestor's Name)	
(Address)	
	Address)	
(City/State/Zip/Phone /	¥)
PICK-UP	☐ WAIT	MAIL
	Business Entity Name)
	Document Number)	
Certified Copies	Centicates o	of Status
Special Instructions	to Filing Officer:	

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COVER LETTER

Registration Section

Tallahassee, FL 32314

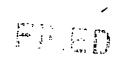
TO:

Division of Corpor	rations		
SUBJECT: Rich	Name of Limit	ed Liability Company	LC
	nendment and fee(s) are subn		
Please return all corresponde	ence concerning this matter to	the following:	
	Richard (Chambliss Name of Person	LLC
		Firm/Company	
		rithreompany	
	14) Dec(1940 B	
	Havana	Fkq 32 City/State and Zip Code	-333
	ric C	19646)am	a com
For further information con-	cerning this matter, please ca	II:	
Richard C Name of P	hambliss	at (850) 36 Area Code Da	3-7344 Lytime Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Address:</u> Registration Se Division of Cor		<u>Street Addre</u> Registration Division of	
P.O. Box 6327	•		of Tallahassee

2415 N. Monroe Street, Suite \$10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Richard Chambl	iss L	'`-	′-8 PH 1:50
Name of the Limited Liability Companies (A Florida Limited Liability Companies) The Articles of Organization for this Limited Liability Companies $\frac{130061003}{1000000000000000000000000000000000$	5. (inter	A OF STATE DESTATE DESTATE
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here	:	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the desi	gnation "LLC" or the ab	breviation "L.L.C."
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 officagent and/or the new registered office address here:	e address on our rec	ords, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Floria	la street address	
		, Florida	
	City		Zıp 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

	Authorized Person(s) authorized to magent our records:	anage, enter the title, name, and address of each po	erson being add
MGR = Mai AMBR = Aut	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
Tresusine	Lee Rog-15	7520 Bighorn St Tallahorer Fla 32310	_ VAdd
		1 allahosee tla 52310	_ □Remove
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m ef ote:	ive date, if other than the date of filing:
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 ded.
ited	Pichard Chambles Signature of a member or authorized representative of a member Richard Chambles Typed or printed name of signee
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00