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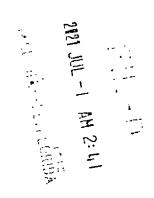
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:

TO: Registration Se Division of Cor			
	Durham LLC		
SUBJECT:	Name of Lim	ited Liability Company	_ _
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Christopher Durham		
	4	Name of Person	
	Christopher Durham LLC		
		Firm/Company	
<i>A</i>	47 essex et apt B		
		Address	
	royal palm beach fl 33411		
		City/State and Zip Code	
	cdurham2400@gmail.com E-mail address: (to be used for future annual report notifical	tion)
For further information c	oncerning this matter, please c	·	
Christopher Durham		561 6761459 at ()	
Name o	f Person	Area Code Daytime Te	elephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 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)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporative Centre of Tall 2415 N. Monroe S Tallahassee, FL 32	rations ahassee treet, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Christopher Durnam LLC	
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Con	ompany were filed on 06/07/2021 and assigned
lorida document number L21000263689	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRE	<u> </u>
	्र क्षेत्र
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	-
	2
3. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin 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>	Address	Type of Action
			□Remove
			□Change
			□Add
			□ Remove
			□ Change
			□Add
			□ Remove
			G Add C C C Remove
			Remove
			Change
			□Add
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			□Add
			□Remove
			∏Change.

		
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