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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Charles Coin Warn, LLC 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:
Charles Gain, man
Charles Geiniman, LLC
4440 O'Hara St Address
Spring Hill 12 346 City/State and Zip Code
Monkeywrench Frans Ogmail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Charles Gein: man at (712) S40-6845 Name of Person at (712) S40-6845 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee Certificate of Status Certific

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

Charles Geinin	an, LLC:	
(Name of the Limited Liability Comp. (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 22000 320</u> 88	ny were filed on <u>July 19, JoJZ</u> and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applicable:	4440 O'hara St	_
(Principal office address MUST BE A STREET ADDRESS)	Spring Hill, FLIC 2	_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4440 Ohara 1943 Desne Hill, Form 34	<u>-</u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter the name of the new regis</u>	erec
Name of New Registered Agent:		_
New Registered Office Address:	Enter Florida street address	_
	Florida	_
	City 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 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
MBZ	Charles Gein, man	Spring Hill, Fr	+ □Add
		Spring Hill, Fr	Remove
		34609	
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Filing Fee: \$25.00