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(Requestor's Name)
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07/16/21

COVER LETTER

TO: Registration So Division of Cor			
CM Lindey	LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Christopher Lindley		
		Name of Person	
	CM Lindley LLC		
	-	Firm/Company	
	209 Martin St.		~]
		Address	
	Indian Harbour Beach, FL	32937	
		City/State and Zip Code	
	clindley21@yahoo.com		
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report not all:	SEE STATE STATE
Christopher Lindley		903 646-7385	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address: Registration So	ection
Registration Section Division of Corporations		Division of Co	
P.O. Box 632	27	The Centre of	Γallahassee
Tallahassee, l	FL 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ears on our records.) /)
10/18/2022 and assigned
here:
e designation "LLC" or the abbreviation "L.L.C."
190
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(A)
70 TE - 2
records, enter the name of the new regist
Torida street address
, Florida
1

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
			□Add
			□Remove
			☐Change
			□Add
			□Remove
			□Add
			Remove
		<u></u>	Change SSU AHD Add FLATE Remove
			□Change
			□ Add
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			□Remove
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fective date, if other than t	ne date of filing:			(optional)	1	
n effective date is listed, the date rote: If the date inserted in this	nust be specific and cannot	t be prior to date	of filing or more the	in 90 days after filing	.) Pursuant	to 605.03
cument's effective date on the			atutory ming requ	mements, this date	: WIII not	oe ustea
ecord specifies a delayed effec	tive date, but not an eff	fective time, at	12:01 a.m. on the	earlier of: (b) Ti	he 90th da	iy after t
is filed.						
June 18	202	4				
		·				
Chris Lind	Options agreed by Chris Lindley ON CHLIS (Fishers Bridley@cot energy Preside OU-CTX Francing Christians Date: 2024 07 DB 14 18 30-04007	pare O=CTx ar dia y				
	Signature of a membe					

Filing Fee: \$25.00