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

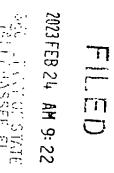
Office Use Only



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COVER LETTER

TO:	Registration Se Division of Cor	ection porations		
CHDIE		& ASSOCIATES, LLC	•	
SUBJE	CI:	Name of Lin	ited Liability Company	
		Amendment and fee(s) are sub	<u>-</u>	
		Kenneth Hamilton		
			Name of Person	
		K-RAY & ASSOCIATES	S. LLC	
			Firm/Company	
		10616 Brighton Hill Cir S		
			Address	
		Jacksonville, FL 32256		
		khamilton24@comcast.net	City/State and Zip Code	
			to be used for future annual report notif	ication)
For furtl	ner information c	oncerning this matter, please c	all:	
Kenneti	n Hamilton		904 625-0016	
	Name o	f Person		e Telephone Number
Enclosed	l is a check for th	ne 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	<u>s:</u>	Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Companion Management Group, LLC				
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	"LLC" or the abbre	viation "L	lC."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			- 2	
		13%	237	T-1-mg-Mills
			EB 2	1]
Enter new mailing address, if applicable:		<u>22</u>	t_	
Mailing address MAY BE A POST OFFICE BOX)		SE 2	ÀK	П
		. 'ひ アゼ	ڣ	U
	•	IE	22	
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records,	enter the name o	f the ne	w registe
gent and/or the new registered office address here.				
Name of New Registered Agent:				
Name of New Registered Agent.				
New Registered Office Address:	r it i			
	Enter Florida street	culdress		
		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 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
			□Change
 :			□Add
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□Change

			
			
<u></u>			
ffective date, if other than the an effective date is listed, the date in iote: If the date inserted in this to ocument's effective date on the listed.	block does not meet the appl	or to date of filing or more than 90 day icable statutory filing requirement is.	optional) s after filing.) Pursuant to 605.020 s, this date will not be listed as
record specifies a delayed effecti is filed.	ive date, but not an effective	time, at 12:01 a.m. on the earlier	of: (b) The 90th day after the
ated February 20	- 2023 	•	
Jerine 1	Avisture of a member or aut	horized representative of a member	 -
	7.78 manare of a member of day	oz representante di a member	

Filing Fee: \$25.00