## L2400200362

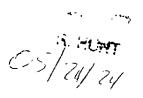
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Special Instructions to F	ilina Officer:	
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Office Use Only



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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:	len Flecher LLC		
Nobject.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Peter I	Messineo CPA	
	Name of Person		
	Brown	nsberger Messineo Nichols LLC Firm/Company	
	3834	9 County Road 54	
Address		Address	:
Zephyrhills FL		yrhills FL 33542	
		City/State and Zip Code	
		@pm-cpa.com to be used for future annual report not	ification)
For further information	concerning this matter, please e	·	်' ယ
Peter Messine	eo _	at ( <u>727</u> <u>421-5268</u> Area Code Daytin	
Name	of Person	Area Code Daytin	ne Telephone Number
linclosed is a check for	the following amount:		
☐ S25.00 Filing Fee	S30.00 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 Addre Registration		<u>Street Address:</u> Registration Se	ection
Division of (	Corporations	Division of Co	rporations
P.O. Box 63: Tallahassee.		The Centre of	Fallahassee

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Caden Flecher LLC	
( <u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)
	04/00/0004
he Articles of Organization for this Limited Liability Compa	any were filed onand assigne
Florida document number <u>L24000200362</u> .	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited I	liability company here:
Caden Fletcher LLC	(note: "T" missing in last name)
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
• • •	40040 5-14 04
Principal office address MUST BE A STREET ADDRESS	5) 18912 Fairwood Court Tampa, FL 33647
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	;;
	1 22
B. If amending the registered agent and/or registered offi	ice address on our records, enter the name of the new roo
igent and/or the new registered office address here:	the address on our records, enter the hame of the new reg
Name of New Registered Agent:	
Name of New Registered Agent.	
New Registered Office Address:	
	Enter Florida street address
	, Florida
<del> </del>	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 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
			URemove
			ÈlChange
			∐Add
			□Remove
<del></del>			
			Remove
			□Change
			□Add
			LIRemove
			[]Change
			□Add
		<del></del> .	Remove
			□Change

	<del></del>
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ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of	(optional) of filing or more than 90 days after filing.) Pursuant to 605.02
te: If the date inserted in this block does not meet the applicable stat ument's effective date on the Department of State's records.	tutory thing requirements, this date will not be listed:
cord specifies a delayed effective date, but not an effective time, at 1 s filed.	
Peter Messines regester Typed or printed name	
1	

Filing Fee: \$25.00