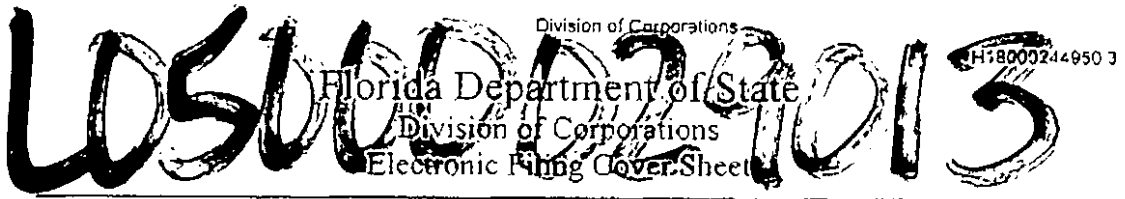


8/21/2018



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000244950 3))



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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : DELOACH,PL
 Account Number : I20030000125
 Phone : (407)480-5005
 Fax Number : (407)480-5025

10 AUG 30 PM 1:54

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CHALES, LLC

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AUG 31 2018

S. PRATHER



August 27, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CHALES, LLC
5106 WEST SAN JOSE STREET
TAMPA, FL 33629US

SUBJECT: CHALES, LLC
REF: L05000029013

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

The Registered agents name must read as it does on our website.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H18000244950
Letter Number: 118A00017762

2018 AUG 30 PM 1:44

H18000244950 3

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

CHALES, LLC

(Name of the Limited Liability Company as it may appear on our records.)
(A Florida Limited Liability Company)

18 AUG 30 PM 1:51

The Articles of Organization for this Limited Liability Company were filed on 03/23/2005 and assigned Florida document number: L05000029013

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 1206 East Ridgewood Street
(Principal office address MUST BE A STREET ADDRESS): Orlando, Florida 32803

Enter new mailing address, if applicable: PO Box 320134
(Mailing address MAY BE A POST OFFICE BOX): Tampa, Florida 33679

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: DeLoach, PL
New Registered Office Address: 1206 East Ridgewood Street
Enter Florida street address
Orlando, Florida 32803
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

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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>	<u>Address</u>	<u>Type of Action</u>
D	Temple Drummond	6987 East Fowler Avenue	<input type="checkbox"/> Add
		Tampa, FL 33617	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	DeLoach, PL	1206 East Ridgewood Street	<input checked="" type="checkbox"/> Add
		Orlando, Florida 32803	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H18000244950 3

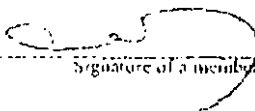
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inscribed in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated _____



 Signature of a member or authorized representative of a member

Carlo A. DeLoach, for DeLoach, PL, as Authorized Representative

 Typed or printed name of signer

18 AUG 30 PM 1:54

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