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(Requestor's Name)
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PICK-UP WAIT MAIL
(Dairean Falika Norma)
(Business Entity Name)
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations				
CCH Bozer	man. LC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Hugh L. Koerner				
		Name of Person			
	Hugh L. Koerner, P.A.				
		Firm/Company			
	3475 Sheridan Street, Suite	e 208			
		Address		. 2	
	Hollywood, FL 33021		ÄLI	1923 NO	
	hlklaw@hughkoerner.com	City/State and Zip Code	(27) (27) (37)		egrada) Promisso S
	Address Hollywood, FL 33021 City/State and Zip Code hlklaw@hughkoerner.com E-mail address: (to be used for future annual report notification) pation concerning this matter, please call: 954 522-1235				
For further information c	oncerning this matter, please c	all:	<u>.u</u> Îŋ	71.S	أفصعة
Hugh L. Koerner			r	1E	
Name o	f Person		lephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Stat Certified Copy (additional copy is en	tus &	
Mailing Address Registration Division of C	Section Torporations	Street Address: Registration Section Division of Corpo	rations		
P.O. Box 633	27	The Centre of Tall	anassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CCH Bozeman, LC		
(<u>Name of the Limited Liability</u> (A Florida	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	and assigned	
Florida document number L06000030948		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or the	: abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	<u>ESS)</u>	
		S 202
		203 NOV
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		on A TT
		111-11 11 11
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:	71	
	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 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>	Name	Address	Type of Action
AMBR	Frances L Koerner	1900 S. Ocean Drive # 1011	🖸 Add
		Fort Lauderdale, FL 33316	= Remove
			Change
			□ Add
			□Remove
			□Change
			Remove
			702 dange 707 -
			Political Files
			SCE S DE MOVE
			Change □Change
			☐Remove
			□Add
			□Remove
			□Change

Page 2 of 3

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ective date, if other than the d effective date is listed, the date must be: If the date inserted in this bloom	ne specific an	d cannot be	prior to date	of filing or me	ore than 90 day:	s after filing.)	Pursuant to) 605.02
ument's effective date on the Dep				atutory min	grequirement	s, this date	WIII HOU DE	nsicu
record specifies a delayed he 90th day after the .rgco			t not an	effective t	ime, at 12:	01 a.m. (on the e	arlier
ed October 27		2023						
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Page 3 of 3

Filing Fee: \$25.00