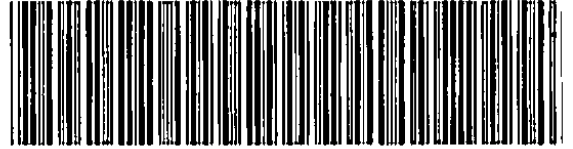


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11/28/22--01011--027 **25.1

(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

707 NOV 28 AM 8:57
SECRETARY OF STATE

TO: Registration Section
Division of Corporations

SUBJECT: CHESTERFIELD MANAGEMENT LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PAUL LABINER
Name of Person

LAW OFFICE OF PAUL LABINER
Firm/Company

5499 NO FEDERAL HWY., SUITE K
Address

BOCA RATON, FLORIDA 33487
City/State and Zip Code

PAUL@PLABINERESQ.COM
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

PAUL LABINER at (561) 998-2362
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO
ARTICLES OF ORGANIZATION
OF

CHESTERFIELD MANAGEMENT LLC

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

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned Florida document number L08000064252.

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:

231 NE 104TH STREET

(Principal office address MUST BE A STREET ADDRESS)

MIAMI SHORE, FLORIDA 33138

Enter new mailing address, if applicable:

231 NE 104TH STREET

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI SHORE, FLORIDA 33138

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SECRETARY OF STATE
TALLAHASSEE, FL

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

Name of New Registered Agent: _____

New Registered Office Address: _____

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of</u> |
|--------------|---|-----------------------|---|
| MGR | WALTHER VAN DER SYPT | 231 NE 104TH STREET | <input type="checkbox"/> Add |
| | | MIAMI SHORE, FL 33138 | <input checked="" type="checkbox"/> Rem |
| | | | <input type="checkbox"/> Char |
| MGR | Reversible Trust of Walter A. Van Der Sypt. | 231 NE 104TH STREET | <input checked="" type="checkbox"/> Add |
| | | MIAMI SHORE, FL 33138 | <input type="checkbox"/> Rem |
| | | | <input type="checkbox"/> Char |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Rem |
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SECRETARY OF STATE
TALLAHASSEE, FL
NOV 28 AM 9:57

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

Multiple horizontal lines for amending information.

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SECRETARY OF STATE
TALLAHASSEE FL

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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list 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 record is filed.

Dated AUGUST 23, 2022

Signature of a member or authorized representative of a member

WALTHER VAN DER SYPT

Typed or printed name of signee