L22 000 140 632

(Requestor's Name)
(Address)
(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



300393053023

09.730.722--01002--015 ++25.00



A. BUTLER
DEC -5 2022



Barry L. Miller*
Robert Garcia
Alexander Tanios
Allyson Roberts
Laci Casado
Donna Williams. Paralegal
Rufus Roebuck, Legal Assistant
Gilberto De Souza, Legal Secretary

August 26, 2022

VIA U.S. MAIL

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

COVER LETTER

Registration Section Division of Corporations

TO:

	Chase Island Way, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Allyson M. Roberts, Esq.		
		Name of Person	
	Barry L. Miller, P.A.		
		Firm/Company	
	11 N. Summerline Ave.		
	· · ·	Address	
	Orlando, Florida 32801		
	-	City/State and Zip Code	
	dmtford@yahoo.com		
	E-mail address: (to be used for future annual report not	tification)
For further information	concerning this matter, please c	all:	
Lynette Ford		813 369-1268 at ()	
Name	of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 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 Address: Registration Section		Street Address: Registration So	
Division of Corporations		Division of Co	<u>=</u>
P.O. Box 6327 Tallahassee, FL 32314		The Centre of 2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

9400 Lake Chase Island Means 36/16:22

(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	I	TANA STANA
The Articles of Organization for this Limited Liability	Company were filed on MU	Y (N) 14,2022 and assigned
Florida document number <u>L22000 140 032</u>	<u>2</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
400 E COIONIAL Dr 4	109, LLC	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	_N/A	
B. If amending the registered agent and/or register agent and/or the new registered office address here		ds, <u>enter the name of the new registered</u>
Name of New Registered Agent:	N/A	
New Registered Office Address:		
	Enter Florida s	treet 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 = N AMBR = N	vlanager Authorized Member	N/A		
<u>Title</u>	Name	Address	Type of Action	
			□Add	
			□Remove	
			□Change	
			□Add	
			Remove	
			Remove	
			□Change	
				
			□Remove	
			Change	
			□Add	
			□Remove	
			□Change	
			□ Add	
			□Remove	

D. If amei	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
_	
_	
_	
_	
	
_	
_	
_	
(If an effe Note: 1	re date, if other than the date of filing:
If the record record is file	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 ed.
Dated _	August 25 2022. Signature of a member or authorized representative of a member
	Ally Son Robens, Esq. Typed or printed name of signee

. .

Filing Fee: \$25.00