## L23000126341

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## **COVER LETTER**

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CHD IE		PLACE LLC				2
SUBJECT: Name of Li			nited Liability Company			2023 OCT - I,
					= ,	OCT
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		.; - .; -	
Please re	eturn all correspo	ondence concerning this matter	to the following:		] . [] .	PH I:
		GIORGIO FRANCO				17
			Name of Person			
		BIMMER PLACE LLC				
			Firm/Company		_	
		3530 W HILLSBORO BL	VD APT 203			
			Address			
		COCONUT CREEK FL 3.	3073			
			City/State and Zip Code		_	
		BIMMERPLACELLC@GN				
		E-mail address: (	to be used for future annual report n	otification)		
For furth	er information c	oncerning this matter, please ca	all:			
GIORGI	IO FRANCO		561 5993090 at ( )			
Name of Person				ime Telephone Numb	er	
Enclosed	l is a check for th	he following amount:				
■ \$25.00 Filing Fee		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific Certific	0 Filing Fee, ficate of Status & fied Copy onal copy is enclosed)		
	Mailing Addres		Street Address:			
Registration Section Division of Corporations P.O. Box 6327			Registration S Division of C			
			The Centre of	•		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OF		, j
		· 1
BIMMER PLACE LLC		· ——
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w Florida document number 1.23000126341	ere filed on 03/10/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<del></del>
	Later Florata Street address	

## 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.

City

Florida

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>	Type of Action
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Filing Fee: \$25.00