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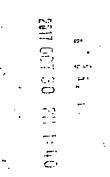
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J. HARRIS

COVER LETTER

	Registration Se Division of Cor			
CHD IEC	16194 PRE	CETON LLC		
SUBJEC	1:		ited Liability Company	
The enclo	sed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		JOHN P HOLDER		
			Name of Person	
		EXECUTIVE MANAGEM	MENT & CONSULTANTS INTER	NATIONAL LLC
			Firm/Company	
		7999 N FEDERAL HWY		
			Address	<u> </u>
		BOCA RATON FL 33487	7	
			City/State and Zip Code	
		JOHNPHOLDER I@GMAI		
		E-mail address: (to be used for future annual report notifi	cation)
For further	er information co	oncerning this matter, please ca	all:	
JOHN H	OLDER		at () 508-4005 Area Code Daytime	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	0 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

16194 PRINCETON LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com Torida document number <u>L17000135868</u> .	npany were filed on JUNE 23,2017	and assigned
This amendment is submitted to amend the following:		
If amending name, enter the new name of the limited	d liability company here:	
6194 PRINCETON STREET LLC		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES		
incipal office address most be A STREET ADDRES		* P50
		day.
		() () () () () () () () () ()
Inter new mailing address, if applicable:	<u> </u>	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		* ***
		<u></u>
		*
B. If amending the registered agent and/or register		er'the name of the
egistered agent and/or the new registered office addres	s nere:	
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

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>	Address	Type of Action
			Add
			Remove
			Change
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	Signature of a member poliuthorized represen		<u>∵</u> • • • • • • • • • • • • • • • • • • •

Filing Fee: \$25.00

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