Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 204 CHULA VISTA LLC

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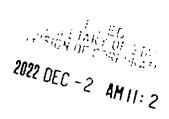
DEC 05 2022

A. LUNT

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



204 Chula Vista LLC				
(<u>Name of the Limited Lia</u> (A Flo	ibility Company a orida Limited Liabi	s it now appears on ou ity Company)	r records.)	
The Articles of Organization for this Limited Liability Florida document number L22000378473	iy Company wer	e filed on <u>08/29/</u> 2	22	and assigned
This amendment is submitted to amend the following	j:			
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 C	ompany," the designation	on "LLC" or the abbre-	viation "L.L.C."
Enter new principal offices address, if applicable:	_			
(Principal office address MUST BE A STREET AL	DDRESS) _			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	_ 			
B. If amending the registered agent and/or regist agent and/or the new registered office address her		ress on our records	, <u>enter the name o</u>	f the new registere
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florida stree	et address	
_		x2 -	, Florida	Zip Code
		Cuy		ир Соас

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
AMBR	Christina Starmer	7901 4th St N STE 300	⊠ Add
		St. Petersburg, FL 33702	□Remove
			□Change
***************************************			□Add
			□Remove
			□Change
			□Add
			□Remove
		L. MANNEY CO. C.	□Change
			🖽 Add
		- HILLS TOTAL	□Remove
			□Change
	death-training to the second s		□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			C C1

D. If amending any other information	n, enter change(s) here: (Attach additional sheets,	ets, if necessary) OF COAFORAGE.			
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			· 1 - ,			
E. Effective date, if other than the da (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa	does not meet the applicable	ate of filing or more than 90 de e statutory filing requireme	_ (optional) ays after filing.) Pursuant ats, this date will not l	to 605.0207 (3)(be listed as the		
f the record specifies a delayed effective da ecord is filed.	ate, but not an effective time,	at 12:01 a.m. on the earlie	er of: (b) The 90th da	y after the		
Dated December 2						
	Morgan	other				
Sig	nature of a member or authorize	ed representative of a member		•		
Morgan Noble	<u> </u>					
	Typed or printed n	ame of signee				

Filing Fee: \$25.00