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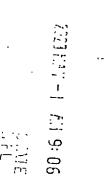
| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| | Registration Se Division of Cor | | | | | |
|-----------------|------------------------------------|---|---|---|--------------------------|--|
| CHDIE | 2246 LLC | | | | | |
| SUBJEC | ZI: | Name of Lim | ited Liability Company | | | |
| The encl | osed Articles of | Amendment and fee(s) are sub | omitted for filing. | | | |
| Please re | turn all correspo | ondence concerning this matter | to the following: | | | |
| | | David Mach | | | | |
| | | | Name of Person | | | |
| | | 2246 LLC | | | | |
| | | | Firm/Company | | | |
| 16 | | 16102 Emerald Estates Dr | 6102 Emerald Estates Drive Unit 226 | | | |
| | | | Address | | | |
| | | Weston, FL 33331 | | i | _ | |
| | | | City/State and Zip Code | | | |
| | | davidjmach@aol.com | | · | ò | |
| | | E-mail address: (| to be used for future annual report notifica | ation) | ン | |
| For furth | er information o | oncerning this matter, please c | all: | | | |
| David M | lach | | 305 467-6224 at () | | | |
| | Name o | of Person | Area Code Daytime T | Celephone Number | | |
| Enclosed | l is a check for t | he following amount: | | | | |
| ≅ \$2 5. | 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 | cate of Status & ed Copy | |
| | Mailing Address | | Street Address: | ion | | |
| | Registration 3 Division of C | | Registration Secti Division of Corpo | | | |
| | P.O. Box 632 | - | The Centre of Tal | | | |
| | Tallahassee, | FL 32314 | 2415 N. Monroe S | Street, Suite 810 | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 2246 LLC | |
|--|--|
| (Name of the Limited Liability Company as it now (A Florida Limited Liability Con | npany) |
| he Articles of Organization for this Limited Liability Company were filed lorida document number | on 05/13/2004 and assigned |
| his amendment is submitted to amend the following: | |
| . If amending name, enter the new name of the limited liability comp | any here: |
| he new name must be distinguishable and contain the words "Limited Liability Company | y," the designation "LLC" or the abbreviation "L.L.C." |
| Inter new principal offices address, if applicable: | ? |
| Principal office address MUST BE A STREET ADDRESS) | <u> </u> |
| | |
| | 1 |
| nter new mailing address, if applicable: | · 🚉 |
| Mailing address MAY BE A POST OFFICE BOX) | · |
| | (m) 8 |
| B. If amending the registered agent and/or registered office address on gent and/or the new registered office address here: Name of New Registered Agent: | our records, enter the name of the new regist |
| New Registered Office Address: | nter Florida street address |
| | . Florida |
| City | , г Юпаа Zin 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 |
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| | ers is all that is needed to take ac | ction on benaif of the LLC. | |
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