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(((H2100007331731))



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To:

Division of Corporations

Fax Number : (950) 617-6383

From:

 C_{i}^{i}

Account Name : FISHER, TOUSEY, LEAS & BALL

Account Number : I19990000021 : (904)356-2600

: (904)355-0233 Fax Number

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 CK INVESTMENTS, LLC

Certificate of Status	0
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SALV

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H21000073847

From: Fisher Tousev Leas Ba

(Name of the Limit	ed Liability Compan (A Florida Limited Li	y as it now appears on our record ability Company)	9
the Articles of Organization for this Limited Li orida document number L06000000233	ability Company v	vere filed on 1/1/2006	and assigned
nis amendment is submitted to amend the folic	owing:		
If amending name, enter the new name of	the limited liabil	ity company here:	
e new name must be distinguishable and contain the w	ords "Limited Liabilit	y Company," the designation "LLC	" or the abbreviation "L.L.C."
nter new principal offices address, if applic	able:	501 Riverside Avenue, Suite 600	
Principal office address MUST BE A STREET ADDRESS		Jacksonville, Florida 32	202
Enter new mailing address, if applicable:		501 Riverside Avenue, Suite 600	
Mailing address MAY BE A POST OFFICE BOX)		Jacksonville, Floria 322	.02
i. If amending the registered agent and/or r gent and/or the new registered office addres Name of New Registered Agent:	<u>ss here</u> :	ddress on our records, <u>enter</u> Leas & Bail, P.A.	the name of the new regis
Name of New Registered Agent:	Fisher, Tousey, 1		the name of the new regis
gent and/or the new registered office addres	Fisher, Tousey, 1	Leas & Bail, P.A.	
_ 	Fisher, Tousey, 1	Leas & Ball, P.A. venuc, Suite 600 Enter Florida sweet addres	

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

H21000073317

1121000073317

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

Title	Name	<u>Address</u>	Type of Action
MGR	Komick Management, LLC	501 Riverside Avenue, Suite 600	⊡∧dd
		Jacksonville, Florida 32202	□Remove
٠			Change
P	Craig A. Komick	501 Riverside Avenue, Suite 600	
	•	Jacksonville, Florida 32202	□Remove
	. •		≅ Change
			□Add
			P □ Remeve
			Change
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			□Remove

To: 18506176383 *

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का eff <u>ote:</u>	ive date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)() If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the entils effective date on the Department of State's records.
ecor is fil	d 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.
ated .	February 18 2021

Filing Fee: \$25.00