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SECRETARY OF STATE
ALLAHASSEF FINALE

J. BRYAN
SEP - 1 2009

EXAMINER

COVER LETTER

TO:

' Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Co	orporations			
SUBJECT:	CH DC	DMAINS, LLC		
SUBJECT:		ited Liability Company		90 9
The enclosed Articles o	of Amendment and fee(s) are sub	omitted for filing.		OP AUG 31 PH 2: 41 SECRETARSEE, FLORI
Please return all corresp	pondence concerning this matter	to the following:		REFEST PL
	E	BRIAN M. ROWLAND Name of Person		SATE OR STORY
	10752 DEERW	Firm/Company OOD PARK BLVD S., STE	100/159	
		Address		
	JAC	CKSONVILLE, FL 32256 City/State and Zip Code		
		@BRIANROWLAND.COM to be used for future annual report notific	eation)	
For further information	concerning this matter, please of	eall:		
·	IAN ROWLAND of Person	at (904) 3 Area Code & Daytime	394-2929 Telephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
Regis	LING ADDRESS: Stration Section	STREET/COURIE Registration Section Division of Cornors	1	

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CH DOMA	AINS, LLC				
(Name of the Limited Liability Compa (A Florida Limited l	ny as it now appea Liability Company)	rs on our records.			
The Articles of Organization for this Limited Liability Company	y were filed on	02/06/2009	and assi	gned	
Florida document numberL09000012685					
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	oility company he	re:	09 AUG 31 SECRETARY ALLAHASSE	FILED	
NEWBURY HO		<u></u> -	PH 2	Ö	
The new name must be distinguishable and end with the words "Lim"L.L.C."		any," the designation '		breviation	
Enter new principal offices address, if applicable:	10752 DEEF	RWOOD PARK B	LVD. S.		
(Principal office address MUST BE A STREET ADDRESS)	SUITE 100				
	JACKSONVILLE, FL 32256				
Enter new mailing address, if applicable:		RWOOD PARK B	LVD. S.		
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 100				
	JACKSONV	JACKSONVILLE, FL 32256			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:	<u>re</u> :	our records, <u>enter</u>		the new	
		, Florida			
	City	, riorida _	Zip Code	*	

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 608, 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.

New Registered Agent's Signature, if changing Registered Agent:

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Title **Address** Type of Action Name MGR BRIAN M. ROWLAND 11111-70 SAN JOSE BOULEVARD ☐ Add #130_ ∇ Remove JACKSONVILLE, FL 32223 JASON C. FREEMAN MGR 11111-70 SAN JOSE BOULEVARD □Add #130 ∇ Remove JACKSONVILLE, FL 32223 MGR JASON C. FREEMAN 10752 DEERWOOD PARK BLVD.S. ✓ Add Remove SUITE 100 JACKSONVILLE, FL 32256 Add Remove \square Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member

BRIAN M. ROWLAND, ESQ., AUTH REP FOR MEMBER, JASON C. FREEMAN

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00