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EXAMINER

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COVER LETTER

TO:	Registration S Division of Co			
SUBJ	FCT·	Chilberg [Development LLC	
5000	BC1.		ted Liability Company	
The en	nclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please	return all corresp	condence concerning this matter	to the following:	
			Sherri Dyer, MGRM	
			Name of Person	
			Firm/Company	 1X: 20
			905 16th Place	2010 APR 29 SECKETARSS
			Address	EM
		V	Yero Beach, FL 32960 City/State and Zip Code	
		E-mail address: (arbara@chilberg.com to be used for future annual report notification)	RIDA RIDA
For fu	rther information	concerning this matter, please of	all:	
		rri Dyer, MGRM	at (772) 978-17	
	Name	of Person	Area Code & Daytime Telepho	ne Number
Enclos	sed is a check for	the following amount:		
\$2:	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Scriffied Copy (additional copy is enclosed)	660.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regis Divisi P.O. F	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	STREET/COURIER ADD Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited (A	nilberg Development LLC Liability Company as it now appear Florida Limited Liability Company)	s on our records.)		
The Articles of Organization for this Limited L Florida document number L10000043		04/22/2010	and assigned	
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited liability company here	<u>e</u> :		
The new name must be distinguishable and end wit "L.L.C."	th the words "Limited Liability Compa	ny," the designation "LI	C" or the abbreviation	
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	TADDRESS)			
	****	· > :	3 7	
		S. S	29	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	<u></u>		
			<u> </u>	
B. If amending the registered agent and/or the new registered of		ur records, enter th	e name of the new	
Name of New Registered Agent:	Paul Corbin			
New Registered Office Address:	905 16th Place			
	Enter Florida street address			
	Vero Beach	, Florida	32960	
	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 608, Fis. 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 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

<u>Title</u> <u>Name</u>

Title	<u>Name</u>	Address	Type of Action
MGRM	Barbara Chilberg, MGRM	905 16th Place Vero Beach, FL 32960	Add Remove
<u>MGRM</u>	Sharon K. Titus	905 16th Place Vero Beach, EL 32960	✓ Add ☐ Remove
			Add Remove
			ARD Move 1
			SSEE OF REMOVE D
			Add Remove
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necesso	ary.)
_			
Dated	Deri 7	010. Nagor	
	S	er or authorized representative of a member	
	Туре	d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00