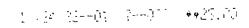
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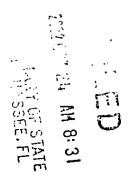
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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R. HUNT

COVER LETTER

	ration Sec n of Corp			
CHD ICCT.		PROPERTY HOLDINGS, LL	C	
SUBJECT:	. <u></u>	Name of Lim	ited Liability Company	
The enclosed Ar	ticles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all	correspon	ndence concerning this matter	to the following:	
		KURT ZIMMERMAN		2622
			Name of Person	
			Firm/Company	
		2400 E. COMMERCIAL I	BLVD., SUITE 820	UNITED SE
			Address	
		FORT LAUDERDALE, F	L 33308	
		LI IDTO ZIMMEDMANI	City/State and Zip Code	
		KURT@ZIMMERMANLA E-mail address: (to be used for future annual report notification)	
For further infor	mation co	ncerning this matter, please c	all:	
KURT ZIMMEI	RMAN		954 202-7440	
	Name of	Person	at ()Area Code Daytime Telephore	ne Number
Enclosed is a cho	eck for the	e following amount:		
■ \$25.00 Filin	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist	g Address tration S	ection	Street Address: Registration Section	
DIVISI	on or Co	orporations	Division of Corporation	15

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street. Suite 810
Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	(Name of the Lim	ited Liability Company as it now as (A Florida Limited Liability Compa	opears on our records.) iny)	<u> </u>
The Articles of Organization Florida document number _	1.1000012.12.10	Liability Company were filed or	1 12/02/2010	and assigned
This amendment is submitte A. If amending name, enter		lowing: of the limited liability compan	y here:	1022 007
The new name must be distinguis Enter new principal offices (Principal office address M	s address, if appli		the designation "LLC" or t	he abbreviation. L.C."
Enter new mailing address (Mailing address MAY BE)	A POST OFFICE	registered office address on o	ur regards ontor the	nama of the new registe
agent and/or the new regis			ur records, enter the	name of the new registe
Name of New Reg	istered Agent:	KURT ZIMMERMAN		
New Registered O	ffice Address:	2400 E. COMMERCIAL BL	VD., SUITE 820 r Florida street address	
		FORT LAUDERDALE	, Florida	a 33308
		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 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> Name <u>Address</u> **Type of Action** _____ 🔲 Remove _ □Change Remove _ E hange - 1 _____ □Remove _____ □Change ______ 🗆 🗆 🗆 🗆 🗆 Add ____ □Remove _____ Change _____ Change _____ □Add _ □Remove

_____ Change

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fective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and cannot be prior to date of filing or mote: If the date inserted in this block does not meet the applicable statutory filing.	g requirements, this date will not be listed a
cument's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m.	on the earlier of: (b) The 90th day after th
is filed.	on the carrier of (b) The your day after an
SEPTEMBER 12 2022	
· · · · · · · · · · · · · · · · · · ·	
Signature of a member or authorized representative	

Filing Fee: \$25.00