## 111000010266

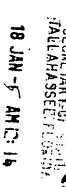
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## COVER LETTER

	tration Section ion of Corporations				
SHRIFCT:	CHERKLEY	MANAG	ENENT GA	LLC	-
SUBJECT: _		Name of Limi	ted Liability Company	1	
The enclosed A	Articles of Amendment an	d fee(s) are subr	nitted for filing.		
Please return a	Il correspondence concern	ing this matter t	to the following:		
	~	Julan	L. Taylor		
			Name of Person		
	c	HERRIEY	MANAGENE	wit Gro	sp, uc
			Firm/Company		
		87 C.,	unineithm	DRIVE	
			Address		
			MYRNA BE		32168
		WLTA	City/State and Zip Code	iol. com	
			o be used for future annua	1	<del></del>
For further info	ormation concerning this r	natter, please ca	ill:		
W	wan L. Tay	Lar	386	314 -	5876
	Name of Person		Area Code	Daytime Teleph	none Number
Enclosed is a c	check for the following am	ount:			
<b>★ \$</b> 25.00 Fili		ling Fee & ate of Status	\$55.00 Filing Fee Certified Copy (additional copy is en		\$ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	MAILING ADDRES Registration Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 32314	ns	Registra Divisior Clifton I 2661 Ex	T/GOURIER AD tion Section n of Corporations Building securive Center Ci ssee FL 32301	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHERKLEY MANAGEMENT GROUP, LLC

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now a ability Comp	ppears on our records.) any)	_	
The Articles of Organization for this Limited Liability Company v Florida document number L11000010266	were filed or	1/25/2011 and	assigne	:d
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity compan	 iy here: 		
The new name must be distinguishable and contain the words "Limited Liability	ry Company,"	the designation "LLC" or the abbreviation	<u>"</u> 最.c."	APLL A
Enter new principal offices address, if applicable:			<u>\$</u>	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	_ゾ_	96.20 F
		<u> </u>	<del></del>	
			<u>.</u> :	$\zeta_{i}$
Enter new mailing address, if applicable:			<del>-</del>	
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:  Name of New Registered Agent:		s on our records, enter the nam	ie of t	he new
New Registered Office Address:				
	Enter	Florida street address		
		, Florida		
	City	Zip Cod	le	
New Registered Agent's Signature, if changing Registered Agent:				
hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance ovided for	e of my duties, and I am familiar v in Chapter 605, F.S. Or, if this do	vith an cumen	d
If Changi	ing Registere	d Agent, Signature of New Registered Ag	<u>zent</u>	•

Page 1 of 3

If amendinger removed	g Authorized Person(s) authorize from our records:	d to manage, enter the title, name, and address of each	ch person being added
MGR = M	Authorized Member		
<u>Title</u>	Name (C.	Address	Type of Action
AMBR	William Taylor	87 Cunningham Drive	
		New Smyrna Beach, FL 32168	□ Remove
			☐ Change
AMBR	Annette L. Taylor	87 Cunningham Drive	
		New Smyrna Beach, FL 32168	□ Remove
			Change
			Add
			Remove
			Change
<u></u>			□ ∧dd
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	<del></del>	
	JANUARY \$ 2018	
n effec <u>te:</u> If	date, if other than the date of filing:  ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Puthe date inserted in this block does not meet the applicable statutory filing requirements, this date will seffective date on the Department of State's records.	
he 9	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on th day after the record is filed.	the earlier o
	29 December 2017	
iea		
	Signature of a member or authorized representative of a member	
	Typed or printed name of signee	

Filing Fee: \$25.00