

L 12000079365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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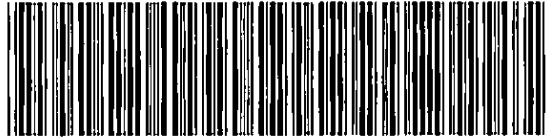
(Business Entity Name)

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# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

Date: 06/21/2021

Acc#12016000072

*Eric DW*

Name:	Chancellor Income Holdings LLC
Document #:	
Order #:	13738608

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
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Amount: \$ 55.00

Thank you!

### COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Chancellor Income Holdings LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
Name of Person Area Code Daytime 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)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
 Registration Section  
 Division of Corporations  
 P.O. Box 6327  
 Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
 Registration Section  
 Division of Corporations  
 Clifton Building  
 2661 Executive Center Circle  
 Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Chancellor Income Holdings LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 6/14/2012 and assigned Florida document number L12000079365.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

STORE SPE Chancellor 2021-3, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 8377 E. Hartford Dr., Ste. 100  
Scottsdale, AZ 85255  
**(Principal office address MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable: 8377 E. Hartford Dr., Ste. 100  
Scottsdale, AZ 85255  
**(Mailing address MAY BE A POST OFFICE BOX)**

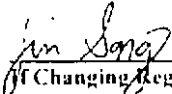
**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: CT Corporation System  
New Registered Office Address: 1200 South Pine Island Road  
*Enter Florida street address*  
Plantation, Florida 33324  
*City* *Zip Code*

JUN 14 2012  
17:11:13  
09

**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.*

CT Corporation System  
 Jin Song, Assistant Secretary  
**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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	Mary Fedewa	8377 E. Hartford Dr., Ste. 100	<input checked="" type="checkbox"/> Add
		Scottsdale, AZ 85255	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Manager	Catherine Long	8377 E. Hartford Dr., Ste. 100	<input checked="" type="checkbox"/> Add
		Scottsdale, AZ 85255	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Manager	Chad Freed	8377 E. Hartford Dr., Ste. 100	<input checked="" type="checkbox"/> Add
		Scottsdale, AZ 85255	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Robert S. Berg	9500 South Dadeland Blvd., Ste 80	<input type="checkbox"/> Add
		Miami, FL 33156	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
President	Steven M. Wemple	9500 South Dadeland Blvd., Ste 80	<input type="checkbox"/> Add
		Miami, FL 33156	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Lined area for amending information.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

If an effective 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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated June 2021

DocuSigned by: Catherine Long 13CE730A3/E7459

Signature of a member or authorized representative of a member

Catherine Long

Typed or printed name of signee