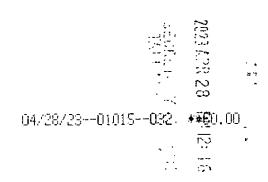
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PICK-UP	☐ WAIT	MAIL.
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Special Instructions to	Filing Officer:	

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COVER LETTER

TO:

	egistration Selivision of Cor			
CHD IVCT		LANE HOLDINGS, LLC		
SUBJECT	·	Name of Lin	nited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	irn all correspo	ondence concerning this matter	to the following:	
		Joanne R. Urquiola, Esqui	re	
			Name of Person	
		Joanne R. Urquiola, P.A.		2023 ———————————————————————————————————
			Firm Company	
		8601 S.W. 129th Terrace		2 28
			Address	
		Miami, Florida 33156		
			City/State and Zip Code	0
		jrurquiola@jrulaw.com		
		E-mail address; (to be used for future annual report not	fication)
For further	information e	oncerning this matter, please c	all:	
Joanne R.	Urquiola, Esqu	iire	305 740-0441	
	Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is	s a check for th	ne 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)
	lailing Addres		Street Address:	ari an
	egistration Sivision of C		Registration Sec Division of Cor	
	O. Box 632		The Centre of T	
	allahassee, I			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOUNTY LANE HOLDINGS, LLC

(Name of the Limited Liability Compa (A Florida Limited	iny as <mark>it now appears on our records.</mark>) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on OCTOBER 29, 2013	and assigned
Florida document number L13000152765		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2700 Granada Boulevard	
(Principal office address MUST BE A STREET ADDRESS)	Coral Gables, Florida 33146	202
		- 120 13 11 - 120 11
Enter new mailing address, if applicable:	2700 Granada Boulevard	28
(Mailing address MAY BE A POST OFFICE BOX)	Coral Gables, Florida 33146	
		- N
		: :: 5
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	_

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

New Registered Office Address:

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.

City

2700 Granada Boulevard

Coral Gables

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida 33146 Zip Code 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>	Address	Type of Action
MGR	Henry B. Bush	801 Arthur Godfrey Road, Suite 300B	□Add
		Miami Beach, Florida 33140	■Remove
			□Change
MGR	John Charles Schlesinger	2700 Granada Boulevard	= Add
		Coral Gables, Florida 33146	□Remove
			□Change
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			☐ Chānge
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of tili	(optional)
e: If the date inserted in this block does not meet the applicable statutor	ry filing requirements, this date will not be listed
ument's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effective time, at 12:01 if filed.	l a.m. on the earlier of: (b) The 90th day after t
4	
ed April 24	
(a: //////////	
Signature of hymeroper or authorized represe	

Filing Fee: \$25.00