13000166850

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B. BOSTICK
MAY 2 8 2014

EXAMINITO

COVER LETTER

то:	Registration S Division of Co			
SUBJI	ECT:	CHW INVESTORS,	rrc	
		Name of Li	mited Liability Company	
The en	iclosed Articles o	f Amendment and fee(s) are su	abmitted for filing.	
Please	return all corresp	ondence concerning this matte	er to the following:	
		Deborah	Quattlebaum Name of Person	
		STRAUGH	N & TURNER, P. A. Firm/Company	***************************************
		255 Mag	nolia Ave SE	
			Address	
		Winter	Haven, FL 33880 City/State and Zip Code	<u> </u>
		dq@straugh E-mail address:	nturner.com (to be used for future annual report notifi	cation)
For fur	ther information	concerning this matter, please	call:	د .
		attlebaum	at (<u>863</u>) <u>293-1</u>	
	Name o	of Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for t	he following amount:		
\$ \$25	5.00 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)
		ING ADDRESS: ration Section	STREET/COURIE Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

CHW INVESTORS, LLC	
(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	ars on our records.)
he Articles of Organization for this Limited Liability Company were filed on	12/02/2013 and assigne
lorida document number <u>L13000166850</u> .	
this amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company h	nere:
he new name must be distinguishable and end with the words "Limited Liability Company," the	a decignation "LLC" as the abbreviation "LLC
	e designation Electron the appreviation E.E.C.
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	े
	
•	-
nter new mailing address, if applicable:	. >
Mailing address MAY BE A POST OFFICE BOX)	
	Y. F
	10 J
i. If amending the registered agent and/or registered office address or egistered agent and/or the new registered office address here: Name of New Paristand Agents	n our records, <u>enter the name of t</u>
Name of New Registered Agent:	
New Registered Office Address:	wide street address
Lnier Fio	orida street address
City	, Florida Zip Code

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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ABCMM, LLC	346 E Central Ave Winter Haven, FL 33880	I Add
			□ Remove
MGR	Albert B. Cassidy	346 E Central Ave	
		Winter Haven, FL 33880	Remove
_			Remove
			Add
			Remove
			Add
			Remove
			 : □ Add
			Remove

tive date, if other than t	he date of filing: (optional) annot be prior to date of receipt or filed date and cannot be more than 90 days after
te this document is filed by the	e Florida Department of State)
tive date, if other than the fective date must be specific, content this document is filed by the May 12	the date of filing: (optional) annot be prior to date of receipt or filed date and cannot be more than 90 days after a Florida Department of State)
te this document is filed by the	e Florida Department of State)

Page 3 of 3

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Filing Fee: \$25.00