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(Re	questor's Name)	
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COVER LETTER

TO: Registration Se Division of Cor		·			
JOHNN)	CHIMPO II, LLC				
Sobolett.	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	endence concerning this matter	to the following:			
	Casey Wilson				
		Name of Person			
	Ascentia FE, LLC				
		Firm/Company			
	301 W. Platt Street,	#346	•		
		Address		27	
	Tampa, FL 33606			2015 M	77
		City/State and Zip Code		MAR -	943745
	ph@ascentiafe.com	to be used for future annual report notific	cation)	28.54 0	Series
For further information co	oncerning this matter, please c	•	,	PH L OF S	T-E PARE
Casey Wilson	•	813 448-6558		4: 23 STALE ORIBA	گه سو څ
Name o	f Person		Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified Co	of Status &	

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

JOHNNY CHIMPO II, LLC		
(<u>Name of the Limited L</u> (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	<u></u>
The Articles of Organization for this Limited Liabil	lity Company were filed on 4/14/2014	and assigned
Florida document number L14000060710		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and end with the word	ds "Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
		
Enter new mailing address, if applicable:		PAR A
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	S
		m _C − prove
	· · · · · · · · · · · · · · · · · · ·	77 =
	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:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Florida	
_	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager ·

AMBR = Authorized Member **Title Name** Address **Type of Action MBR** Patti Siltala 301 W. Platt Street, Suite 346 ■ Add Tampa, FL 33606 □ Remove **MBR** Kelsi Sjoberg 301 W. Platt Street, Suite 345 ■ Add Tampa, FL 33606 _□ Remove □ Add □ Remove OF STATE □ Add ☐ Remove _ Add __□ Remove

, , , , , , , , , , , , , , , , , , , ,	other information, enter change(s) here: (Attach additional sheets, if necessary.)
	,
	other than the date of filing: (optional) st be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after at is filed by the Florida Department of State)
Dated March 5	, 2015
	/ 4 /
	Signature of a member or any private presentative of a member
Casey	Signature of a member or are prize the presentative of a member of Wilson, Authorized Representative

Page 3 of 3

Filing Fee: \$25.00

