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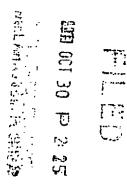
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PICK-UP	MAIT WAIT	MAIL
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Certified Copies	Certificates of S	tatus
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COVER LETTER

	Registration 8 Division of Co							
CHD 107		N REH II , LLC						
SUBJEC	1:	Name of Lin	nited Liability Company					
The enclo	osed Articles of	Amendment and fee(s) are sul	omitted for filing					
Please ret	turn all correspo	ondence concerning this matter	to the following:					
		ЯМ PUENTE, CPA						
			Name of Person					
		CHEPENIK PUENTE & :	STEIN, CPA'S					
	Firm Company							
		11120 N. KENDALI, DRI	VE, STE 200					
			Address					
		MIAMI, FL 33176						
		MARLENE & CPSCPAS.C	City/State and Zip Code OM to be used for future annual report noti					
For furthe	r mformation c	roncerning this matter, please e	·	neation)				
ЛМ РСЕ	NTE, CPA		305 273-8008					
Name of Person		Area Code Daytim	e Telephone Number					
Enclosed	is a check for th	ne following amount:						
□ \$25.0	0 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)				
F C	Hailing Address Registration S Division of C	Section orporations	Street Address: Registration Sec Division of Con					

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

lity Company as it now appears la Limited Liability Company)	on our records.)	
Company were filed on $\frac{07.7}{2}$	18/2014	_ and assigned
nited liability company her	<u>'e</u> :	
mited Liability Company," the de	signation "LLC" or the abbro	viation "L.I.C."
N/A		
RESS)		
N/A	29J3 OCT 30	
d office address on our re		of the new regist
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Enter Flora	lu street address	
Elizabeth from the		
City	, Florida	Zip Code
	Company were filed on 07.2 nited liability company her mited Liability Company," the de N/A RESS) N/A Enter Florio	d office address on our records. enter the name of the street address. Enter Florida street address.

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 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	CARBONE, SEBASTIANO	848 BRICKELL KEY DRIVE, APT. 1201	□Add
		MIAMI, FL 33131	■ Remove
			□Change
MGR	DE CARBONE, MARIA 8	848 BRICKELL KEY DRIVE, APT, 1201	
		MIAMI, FL 33131	■Remove
			□Change
MGR	CARBONE, ANGELICA	848 BRICKELL KEY DRIVE, APT, 1201	= Add
		MIAMI, FL 33131	TRemove
			□ Change
MGR	CARBONE, LILIANA	848 BRICKELL KEY DRIVE, APT. 1201	= Add
		MIAMI, Ft. 33131	
			□Change
			□Remove
			Change
			□Add
			ZRemove
			□Change

Page 2 of 3

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umen	it's effective dat	e on the Depai	riment of S	State's reco	ords.					
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Page 3 of 3

Filing Fee: \$25.00