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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAVISTOCK DEVELOPMENT

Account Number : I20170200084 : (407)909-9957 Phone : (407)909-9957 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

 Address.			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CHF CONSTRUCTION, LLC

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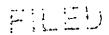
Tallahassee, FL 32314

## **COVER LETTER**

	egistration Se ivision of Cor			
		metion, LLC		
SUBJECT	`` <u> </u>	Name of Limi	ted Liability Company	<del></del>
The enclos	sed Articles of .	Amendment and fee(s) are sub-	nitted for filing.	
Please retu	ırn all correspo	ndence concerning this matter	to the following:	-
		Michelle Dadisman		
			Name of Person	
		Tavistock Financial, LLC		
			Firm/Company	
		9350 Conroy Windermere	Road	
			Address	
		Windermere, FL 34786		
			City/State and Zip Code	
		michelle.dadisman@tavisto		
		E-mail address: (	to be used for future annual report noti	lication)
For further	r information c	oncerning this matter, please ea	all:	
Michelle	Dadisman		407 909-9957	
	Name o	f Person	at ()	e Telephone Number
Unclosed i	ic a check for th	ne following amount:		
	) 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)
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co	on cations

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



CHF Construction, LLC			2818 NOV 14 P 4: 23
(Name of the Limite)	d Liability Compan A Florida Limited Li	y as it now appears of ability Company)	our records.
The Articles of Organization for this Limited Lia Florida document number	ibility Company v		
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liabil	ity company here	
The new name must be distinguishable and contain the wo	ords "Limited Liabili	iy Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ible:		
(Principal office address MUST BE A STREET	TADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE D)  B. If amending the registered agent and/or the new registered off	or registered of	fice address on o	ur records, enter the name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida	sircei address
		City	, Florida
New Registered Agent's Signature, if changing R	egistered Agent	CIIJ	2.9 00.02
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing of this content.	d agent and agree or and complete stered agent as p registered office	performance of m rovided for in Ch	y duties, and I am familiar with and upter 605, F.S. Or, if this document is
	167.6	ning Dunistarud Auen	t Signature of New Registered Agent

4 /6

## 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>	Type of Action
VP, T	Jeffrey S. Smith	6900 Tavistock Lakes Blvd.	□ Add
		Suite 200	
			Remove
		Orlando, FL 32827	Change
VP, T	Benjamin A. Weaver	6900 Tavistock Lakes Blvd.	
		Suite 200	
		0.1 1 51 22022	□ Remove
		Orlando, FL 32827	Change
VP	Todd Ermisch	4776 New Board Street	□ ∧dd
<del></del>		Suite 150	O 7000
			■ Remove
		Orlando, FL 32814	Change
VP	Todd Schmitt	6900 Tavistock Lakes Blvd.	
		Suite 200	
			■ Remove
		Orlando, Fl. 32827	□ Change
VP	Daniel Byrnes	6900 Tavistock Lakes Blvd	<b>5</b>
		Suite 200	S 7000
			■ Remove
		Orlando, FI, 32827	☐ Change
∨P	Robert B. Adams	6900 Tavistock Lakes Blvd.	
·····		0 :- 200	D Add
		Suite 200	Remove
		Orlando, FL 32827	
			□ Change

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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>	Type of Action
VP	Jamie Chung Whirfield	6900 Tavistock Lakes Blvd.	■ Add
		Suite 200	
		Orlando, FL 32827	Remove
			Change
			□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			Add
			Remove
			Change
			□ Add
			☐ Remove
			□ Change
			□ Remove
			☐ Change

Note	ctive date, if other than the date of filing:  clive date, if other than the date of filing:  (optional)  (optional)  (If the 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 (  (If the date inscrited in this block does not meet the applicable statutory filing requirements, this date will not be listed as the unent's effective date on the Department of State's records.
the r ) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ne 90th day after the record is filed.
Date	d November 14 . 2019
	Signature of a member or authorized representative of a member

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