L15000048915		
(Requestor's Name) (Address) (Address)	200271671292	
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APR 17 2015 J. HARRIS

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DATE: 4/16/15

NAME: CHM HOFFMAN VILLAGE, LLC

TYPE OF FILING: AMENDMENT

COST: 55.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

attech

COVER LETTER

TO: Registration Section Division of Corporations

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SUBJECT: CHM Hoffman Village, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elizabeth A. Chapman

Name of Person

Parker Poe Adams & Bernstein LLP

Firm/Company

401 S. Tryon Street, Suite 3000

Address

Charlotte, NC 28202

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth A. Chapman	704	335-9855
· · · · · · · · · · · · · · · · · · ·	_ at ()	
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

S30.00 Filing Fee & Certificate of Status S55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

CHM Hoffman Village, LLC (Name of the Limited L

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on March 19, 2015 and assigned Florida document number L15000048915

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liab	ollity Company," the designation "LLC" or the abl	breviation "L.L.C.	
Enter new principal offices address, if applicable:	3300 Publix Corporate Pkwy.	LECT A	
(Principal office address MUST BE A STREET ADDRESS)	Lakeland, FL 33811-3311	HA HA	- 1
		116	
			6.7.4 4 4
Enter new mailing address, if applicable:	3300 Publix Corporate Pkwy.	<u> </u>	•
(Mailing address MAY BE A POST OFFICE BOX)	Lakeland, FL 33811-3311		

B. If amending the registered agent and/or 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:	John A. Attaway, Jr.	
New Registered Office Address:	3300 Publix Corporate Pkwy Enter Florida street address	
	Lakeland	, Florida <u>33811-3311</u> Zin 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 Registored Agent, Signature of New Registered Agent

Page 1 of 3

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:

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MGR = Manager AMBR = Authorized Member

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Title	Name	Address	Type of Action
AMBR	Real Sub, LLC	3300 Publix Corporate Pkwy.	🖬 Add
		Lakeland, FL 33811-3311	Remove
AMBR	CHM, LLC	6312 Kingston Pike, Suite C	DAdd
		Knoxville, TN 37919	Remove
			D Add
			Remove
			ELAHASSE
		·	
			Add
			CRemove

B 7 A 1			
D. If amending	any other informatic	m, enter change(s) here: <i>(Atlach ad</i>	lditional sheets, if necessary.)
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<u> </u>			
E. Effective dat	e, if other than the da	ate of filing:	(optional)
(The effective da the date this do	te must be specifio, cannot l cument is filed by the Florid	be prior to date of receipt or filed date and ca	mot be more than 90 days after
Dated	April 16	2015	
	······		
	_		······
_		r authorized representative of a member	

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Page 3 of 3 Filing Fee: \$25.00

2015 APR 16 AH 10: 27 ECRETARY OF STATL (TT)