Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations ·

Fax Number : (850) 617-6383

From:

Account Name : ALVAREZ, SUAZO & ASSOCIATES

Account Number : 120130000076 : (305)388-7028 Phone ' Fax Number : (305)479-2705

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

Email Address:	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN.

CHEWIE INVESTMENTS, LLC

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Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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Electronic Filing Menu

Corporate Filing

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(CHEWIE INVESTMENTS, LLC		
(Name of the Limite	d Liability Company as it now appears A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Lia Torida document number L15000096896	bility Company were filed on	06/03/2015	and assigned
his amendment is submitted to amend the follo	wing:		
. If amending name, enter the new name of	the limited liability company he	<u>re</u> :	
N/A			
he new name must be distinguishable and contain the wo	rds "Limited Liability Company," the do	signation "LLC" or th	te abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:		
Principal office address MUST BE A STREET	ADDRESS)		
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inter new mailing address, if applicable:			SZ Z
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Mailing address MAY BE A POST OFFICE B	<u></u>		
			
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B. If amending the registered agent and/o egistered agent and/or the new registered off		our records, en	ter the name of the
egistered agent and of the dew registered off	ne nagress nere.		
Name of New Registered Agent:	N/A		
New Registered Office Address:	•		
	Enter Flori	ida street address	
		, Florida	i e
	City	,,	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 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 Type of Action Address <u>Title</u> Name FLEMING HOUSE-WICKHAMS CAY AMBR CLEARWATEROAKS CAPITAL, INC. □ Add PO BOX 662 Remove ROAD TOWN, BV 00000 _□ Change □ Add _□ Remove □ Change CO (□ Removici) 7 .□ Comge _□ Add _□ Remove _ Change _□ Add ☐ Remove ☐ Change □ Add

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	11-17-4	2015	
Signature of a member or authorized representative of a member			
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