## 15000106136

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

N COOPER MAY 2 2 2018

## **COVER LETTER**

TO:	Registration S Division of Co			
CHDI		nal Home Resort, LLC		
30 64	JECT:	Name of Lim	ited Liability Company	
The e	nclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.	
Please	e return all corresp	condence concerning this matter	to the following:	
		Keith Brady		
			Name of Person	
		Keith Brady Law		
			Firm/Company	
		360 Central Ave., Suite 80	00	
			Address	<del></del>
		St. Petersburg, FL 33701		
			City/State and Zip Code	
		terence@clinicalinfosolutio		
		E-mail address: (	to be used for future annual report no	tification)
For fu	irther information	concerning this matter, please ca	all:	
Keith	Brady		727 201 7754 at ()	
	Name	of Person	at () Area Code Dayti	me Telephone Number
Enclo	sed is a check for	the following amount:		
<b>S</b> \$1	25.00 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)

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

y as it now appears on our records.) ability Company)  were filed on 6/18/15  ity company here:  y Company," the designation "LLC" or the 6900 Tavistock Lakes Blvd.  Suite 400  Orlando, FL 32827	and assigned
ity company here:  y Company," the designation "LLC" or the 6900 Tavistock Lakes Blvd.  Suite 400	e abbreviation "L.L.C."
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Orlando, FL 32827	™ Sign
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Suite 400	<b>A</b>
Orlando, FL 32827	9 35
	er the name of the r
	32827 Zip Code
	Orlando, FL 32827  lice address on our records, enter  Lakes Blvd., Suite 400  Enter Florida street address  City.

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
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		Orlando, FL 32832	■ Remove
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an effective date is listed, the date lote: If the date inserted in the	must be specific a	and cannot be prior	r to date of filing or n cable statutory filin	nore than 90 days after fi	iling.) Pursuant to 605	i.0207 ed as
ocument's effective date on th						
e record specifies a dela The 90th day after the			ot an effective	time, at 12:01 a.	m. on the earlie	er o
M 10		2018				
ated May 18						

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Filing Fee: \$25.00

Typed or printed name of signee