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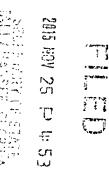
(Re	equestor's Name)	***
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

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CHD IF CW	ADEPTA2,	LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Kramer A. Litvak		
			Name of Person	
		Litvak Beasley Wilson &	Ball, LLP	
		-	Firm/Company	
		226 E. Government Street		
			Address	5%
		Pensacola, FL 32502		20 20 NOV
		magnus.antonson@gmail.co	City/State and Zip Code om	2
		E-mail address: (to be used for future annual report notific	cation)
For further in	nformation c	oncerning this matter, please ca	all:	Figure 5
Kramer A. L	Litvak		850 432-9818	<u>क</u> ्षेत्रः य
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling 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. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 ussee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen	tions

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi	ted Liability Company as it nov (A Florida Limited Liability Co	v appears on	our records.)	<u>-</u>
The Articles of Organization for this Limited I	•			_ and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, <u>enter the new name (</u>	f the limited liability com	pany here:		
The new name must be distinguishable and contain the	words "Limited Liability Compan	ıy," the design	ation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if appli	able:			
Principal office address MUST BE A STREE	ET ADDRESS)		, ;	<i>-</i>
			mbj.	<u>교</u> 당
			Land Comments	§]]
Enter new mailing address, if applicable:			ເລີ້.	2
Mailing address MAY BE A POST OFFICE BOX)		in a		
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	- 11 - 1		1837 1831 S	 л
B. If amending the registered agent and registered agent and/or the new registered of	or registered office addiffice address here:	ress on ou	r records, enter th	e name of the
Name of New Registered Agent:	Magnus Antonson			
New Registered Office Address:	1 Portofino Drive, Suite 7	706		
	H	inter Florida s	treet address	
	Pensacola Beach		, Florida <u>3256</u>	1
	City			Zip 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Mangus Antonson	l Portofino Drive, Suite 706	□ Add
		Pensacola Beach, FL 32561	≅ Remove
			Change
MGR	Magnus Antonson	1 Portofino Drive, Suite 706	■ Add
		Pensacola Beach, FL 32561	□ Remove
			Change
			□ Remove
			☐ Change

			Remove
			Change United States
			☐ Add
		***************************************	□ Remove
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tive date, if other than the date of filing: [fective date is listed, the date must be specific and cannot be prior to date of filing. If the date inserted in this block does not meet the applicable statutoment's effective date on the Department of State's records.	ry filing requirements, this d	ling.) Pursuant to 60
cord specifies a delayed effective date, but not an effect e 90th day after the record is filed.		
Magnature of a member or authorized representations.		
Magne Arterny		
// Signature of a member or authorized repress	entative of a member	

Page 3 of 3

Filing Fee: \$25.00