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SECRETARY OF STATE

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COVER LETTER

	Registration Sec Division of Corp		•	,		
CHD IE		EN APARTMENTS, LLC	,	`		
SUBJEC		Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub	•			
Please re	turn all correspor	dence concerning this matter	to the following:			
		Darren J. Elkind, Esquire				
			Name of Person			
		Paul, Elkind, Branz & Paul	Paul, Elkind, Branz & Paul, LLP			
		Firm/Company 142 E. New York Avenue				
			Address			
		DeLand, FL 32724				
		City/State and Zip Code bsteudler@comcast.net E-mail address: (to be used for future annual report notification)				
For furth	ner information co	oncerning this matter, please ca	all:			
Darren J. Elkind, Esquire		386 734-3020 at ()				
	Name of	Person		e Telephone Number		
Enclosed	d is a check for th	e following amount:				
\$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	:	Street Address:			

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAKE HELEN APARTMENTS, LLC

	(aointy Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company vibration of Company vibratio	were filed on	December 04, 2015	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company h	<u>ere</u> :	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the	designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			. ~
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:		Ď.	TO STATE OF THE ST
		- <u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)			57 A. S.
			= 6

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida

Zip Code

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
MGR	Dan E. McFall	650 S. Lakeview Drive	□Add
		Lake Helen, FL 32744	≣Remove
OWNER	Frederick W. Steudler, Jr.	7335 River Road	□Add
		Conestoga, PA 17516	Remove
		·	□Change
MGR	Beverly Steudler	7335 River Road	≅Add
		Conestoga, PA 17516	□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			Change
			□Remove
			□ Change

If amending	ng any other information, enter change(s) here: (Attach additional sheets,	if necessary.)
		
-		
		
		<u>-</u>
		
(If an effective on Note: If the	date, if other than the date of filing:e date is listed, the date must be specific and cannot be prior to date of filing or more than 90 due date inserted in this block does not meet the applicable statutory filing requirements effective date on the Department of State's records.	_ (optional) ays after filing.) Pursuant to 605.0207 (3 ents, this date will not be listed as th
e record spec ord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie	er of: (b) The 90th day after the
Dated	December 11 , 2023	
	Dona V. An. 160.	
_	Signature of a member or authorized representative of a member	
	Beverly Steudler	
<u></u>	Typed or printed name of signee	

.

Filing Fee: \$25.00