116000091455

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
		;
	·	

Office Use Only



500330231985

û6/12/13--01620--006 +•25.60

2019 JUN 12 PM 5: 28

C. GOLDEN
JUII 2 5 2019

COVER LETTER

TO:	Registration So Division of Cor			
CHBI	Lloyd Fam	ily Trust, LLC		
13O D3				
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspo	ondence concerning this matter	to the following:	
		Thomas Lloyd IV		
			Name of Person	
		Lloyd Family Trust		
			Firm/Company	
		2411 Wood Pointe Dr		
			Address	
		Holiday, FL 34691		
		tjlloyd66@aol.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	ification)
For fu	irther information o	concerning this matter, please co	all:	
Thom	as Lloyd IV		813 478-0195 at ()	
	Name o	of Person	Area Code Daytim	ne Telephone Number
Enclos	sed is a check for t	he following amount:		
■ \$2	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, Ft. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2019 JUN 12 PM 5: 28

Lloyd Family Trust, LLC		- 20
(<u>Name of the Limite</u>	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia	ibility Company were filed on 05/10/2016	and assigned
Florida document number <u>L16000091455</u>		
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	*ADDRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
B. If amending the registered agent and/o registered agent and/or the new registered offi	r registered office address on our records, enter ice address here:	the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Re	egistered 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> Thomas Lloyd SR	Address 2411 Wood Pointe Dr. Holiday FL	Type of Action
AMBR		3469	
			Remove
			Change
			Add
			□ Remove
			Change
			Add
		□ Remove	
			🗆 Change
			□ Add
		🗆 Remove	
			Change
		16.11	□ Remove
			Change
			O Add
			Remove
			□ Change

	
F Fffec	rive date if other than the date of filing:
<u>Note:</u>	tive date, if other than the date of filing:
If the re (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	
	<u> </u>
	- The su
	Signature of a member or authorized representative of a member
	Thomas Lloyd IV

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00