## 116000142712

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## **COVER LETTER**

TO:		ration Sect n of Corpo			
CI ID II		attCVS In	vestments, LLC		
SUBJ	ECI:		Name of Lim	ited Liability Company	
The en	nclosed Ar	ticles of A	mendment and fee(s) are sub	mitted for filing.	
Please	return all	correspond	dence concerning this matter	to the following:	
			Richard Viveen		
				Name of Person	
				Firm/Company	
			621 Choctaw Drive		
			· · · · · ·	Address	-
			Destin, FL 32541		
				City/State and Zip Code	
			ghtsdv@cox.net		
			E-mail address: (	to be used for future annual report noti	fication)
For fu	rther infor	mation cor	ncerning this matter, please ca	all:	
Tom I	Renneker			850 259-5218 at ( )	
		Name of I	Person	Area Code Daytim	e Telephone Number
Enclos	sed is a ch	eck for the	following amount:		
<b>■</b> \$2	25.00 Filin	g 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

ChattCVS Investments, LLC		
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on July 29, 2016	and assigned
Florida document number L16000142712	·	
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the lir	mited liability company here:	
Chatt Investments, LLC		温带 温 ""
he new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or	the abbreviation "L.L.G.23-
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	ORESS)	
Crincipus office dudress MOST BL ASTALLT ADD		ESA D
Enter new mailing address, if applicable:		
• • • •		
Mailing address MAY BE A POST OFFICE BOX)		
If amonding the assistant and and and a	:	
<ol><li>If amending the registered agent and/or reg egistered agent and/or the new registered office ad</li></ol>		nter the name of the
Name of New Registered Agent:		
Hame of New Registered Asgent.		
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·
	Enter Florida street address	
<del></del> -	, Florid	la
	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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗆 Add
			□ Remove
			Change
			🗆 Add
			Remove
			Change
			□ Remove
			□ Change
			□ Add
			Remove
			Change
			□ Remove
			□ Change
		2. c. s.	Address
			Remove
		FLORIDA	Remove

	ending any other information, enter change(s) here: (Attach addi		
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_			<del>,</del>
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ffectiv	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 or	(option:	ai)
ote: 1	fective date is listed, the date must be specific and cannot be prior to date of filing or.  If the date inserted in this block does not meet the applicable statutory filenti's effective date on the Department of State's records.	more than 90 days after filing requirements, this de	ing.) Pursuant to 605.020' ate will not be listed as
	cord specifies a delayed effective date, but not an effective e 90th day after the record is filed.	time, at 12:01 a.n	n. on the earlier o
ated _			
	& Kuthacein	*	2
	Signature of a member or authorized representation	ve of a member	Cara Caranta
	Richard S. Viveen	SO E	100
	Typed or printed name of signee		ם בי
	Page 3 of 3	S.	

Filing Fee: \$25.00