

L16000 143026

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(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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effective date 7/15/2020

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JUN 15 2020

20 JUN 15 PM 4: 05
STATE OF TEXAS
DEPARTMENT OF STATE

Amend/ Name Change

JUL 27 2020

D CUSHING

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WillChris Home Properties, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William F Englehart
Name of Person
WCHP, L.L.C.
Firm/Company
21460 Strada Nuova Cir #201
Address
Estero, FL 33928
City/State and Zip Code
BillEnglehart2@aol.com
E-mail address: (to be used for future annual report notification)

20 JUN 15 PM 4:05
STATE OF FLORIDA
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

William Englehart at (804) 399-8940
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
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**

WillChris Home Properties, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

20 JUN 15 PM 4:05

The Articles of Organization for this Limited Liability Company were filed on 08/01/2016 and assigned
Florida document number L16000143026.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

WCHP, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

21460 Strada Nuova Cir #201

(Principal office address MUST BE A STREET ADDRESS)

Estero, FL 33928

Enter new mailing address, if applicable:

21460 Strada Nuova Cir #201

(Mailing address MAY BE A POST OFFICE BOX)

Estero, FL 33928

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address:

21460 Strada Nuova Cir #201

Enter Florida street address

Estero

City

Florida 33928

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

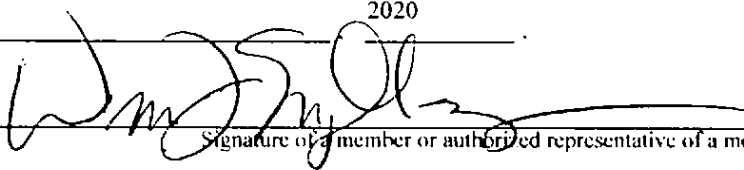
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	William F Englehart	21460 Strada Nuova Cir #201	<input type="checkbox"/> Add
		Estero, FL 33928	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Christine A Englehart	21460 Strada Nuova Cir #201	<input type="checkbox"/> Add
		Estero, FL 33928	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: 07/15/2020 **(optional)**
 (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated June 9th 2020

 Signature of a member or authorized representative of a member
 William F Englehart
 Typed or printed name of signee