Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000228334 3)))



H210002283343ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN

Account Number : 120020000140

Phone

: (561)844-3600

Fax Number

: (561)842-4104

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIG JUNO BEACH INVESTMENT PROPERTIES, LLC

Certificate of Status 0 Certified Copy 03 Page Count S25.00 Estimated Charge

Electronic Filing Menu

Corporate Filing Menu

Help

3

COVER LETTER

 G^{i}

4210002283343

TO: Registration Section Division of Corporations

		CH INVESTMENT PROPERTIES, LLC			
SUBJECT:		Name of Limited Liability Company			
		Amendment and fee(s) are submitted for filing.			
Please return	all correspond	ndence concerning this matter to the following:			
		Gregory R. Cohen, Esq.			
		Name of Person			
		Cohen Norris Wolmer Ray Telepman Berkowitz Cohen			
Firm/Company					
712 U.S. Highway One, Suite 400					
		Address			
		North Palm Beach, FL 33408			
	City/State and Zip Code				
		KD@CohenNorris.com E-mail address: (to be used for future annual report nonfication)			
For further	information co	concerning this matter, please call:			
Karin Drak	cas	561 844-3600 at (
	Name of	of Person Area Code Daytime Telephone Number			
Enclosed is	s a check for th	he following amount:			
■ \$ 25.00) Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is anclosed) Certified Copy (additional copy is anclosed)	атиз &		

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

T-990 P.03/05 F-403 HULOOLIU VITO

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JUNO BEACH INVESTMENT PR	OPERTIES, LLC	
(Name of the Limit	ed Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Li Florida document number L16000152068		
This amendment is submitted to amend the follow	owing	
A. If amending name, enter the new name o	f the limited liability company he	ere:
The new name must be distinguishable and contain the v	words "Limited Liability Company," the d	exignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	eable:	
(Principal office address MUST BE A STREE	T ADDRESS)	gtju
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or agent and/or the new registered office address	registered office address on our r	ecords, enter the name of the new seristered
Name of New Registered Agent:	Gregory R. Cohen, Esq.	
New Registered Office Address:	712 U.S. Highway One, Suite 40	0
New Registered Control Additions.	Enter Flo	orida street address
	North Palm Beach	, Florida 33408
	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, Segnature of New Registered Agent

T-990 P 04/05 F-403

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

#210002283343

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□ Add
			□Remove
			[] Change
			□ Remove
			Change
			🗖 Add
			□Remove
			©Change
			☐Remove
			□ Add
			□Remove
			□ Change
			🗆 Add
			□Remove
			Change

	rmation, enter change(s) here: (Attach additional sheets, if i			
				_
				-
				_
				_
ar	an the date of filing:	(optional)	_	(0.5.0°
f an effective date is listed, the di	an the date of filing: ate must be specific and cannot be prior to date of filing or more than 90 day this block does not meet the applicable statutory filing requirement	.ys after filing.) ats, this date '	will not b	e listed
Note: If the date inserted in document's effective date on	the Department of State's records.			
			200	_
record specifies a delayed e	effective date, but not an effective time, at 12:01 a.m. on the carlier	rof:(b) The	c 90th day	, aner t
rd is filed.		00=-		
		# ***	121	
luna O	2021	الجامسي	-	
Dated June 9	2021			
luna O		LAHAS		FIL.
luna O	Signature of a member or authorized representative of a member		. • •	FILED

Filing Fee: \$25.00