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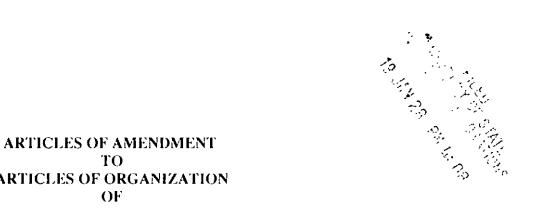
COVER LETTER

	LLC				
r:	Name of Lin	nited Liability Company			
sed Articles o	of Amendment and fee(s) are sub	omitted for filing.			
ırn all corresp	nondence concerning this matter	to the following:			
	Brian Goodkind				
	Goodkind & Florio, P.A.	Name of Person			
	4121 La Playa Blvd	Firm Company			
	Miami, FL 33133	Address		 5	A
	kennoth@goodkindundflori	- ' ' - ' - '		3	, ,
	E-mail address: (to be used for future annual report notif	ication)		•
r information	concerning this matter, please c	all:		. É	•
·lorio		786 713-5017		:: ::	
Name	of Person	Area Code Daytime	e Telephone Number	.33	i de la companya de l
s a check for	the following amount:				
) 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)		
	PAO 333 F: PAO 333 F: sed Articles of the all corresponding of the all	Name of Lin sed Articles of Amendment and fee(s) are sub irn all correspondence concerning this matter Brian Goodkind Goodkind & Florio, P.A. 4121 La Playa Blvd Miami, FL 33133 kennoth@goodkindandflori E-mail address: or information concerning this matter, please of Florio Name of Person s a check for the following amount:) Filing Fee \$\square\$ \$50.00 Filing Fee &	PAO 333 LLC F: Name of Limited Liability Company Seed Articles of Amendment and fee(s) are submitted for filing. Irm all correspondence concerning this matter to the following: Brian Goodkind Name of Person Goodkind & Florio, P.A. Firm Company 4121 La Playa Blvd Address Miami, FL 33133 City/State and Zip Code lemeth goodkindandfloriocour B-mail address: (to be used for future annual report notifing information concerning this matter, please call: Florio 786 713-5017 at (PAO 333 LLC The sed Articles of Amendment and fee(s) are submitted for filing. It all correspondence concerning this matter to the following: Brian Goodkind Name of Person Goodkind & Florio, P.A. Firm Company 4121 La Playa Blvd Address Miami, FL 33133 City/State and Zip Code Itemself goodkindandflorio concerning this matter, please call: Florio 786 713-5017 at (PAG 333 LLC Name of Limited Liability Company

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 ORGANIZATION OF

(Name of the Limited Liability Comps (A Florida Limited	iny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 08/29/2016	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liah	ility company here:		
CHONY BOCA RATON, LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	20900 NE 30TH AVENUE		
(Principal office address MUST BE A STREET ADDRESS)	SUITE 901		
	AVENTURA, FL 33180		
Enter new mailing address, if applicable:	20900 NE 30TH AVENUE		
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 901		
	AVENTURA, FL33180		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		enter the name of the no	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
-	, Flori	da	
No. De Constitution of the	Cuy	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 = MS $AMBR = AS$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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			Change
			Remove
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etive date, if other than the effective date is listed, the date must	date of filing:		(optional)
e: If the date inserted in this blo	ck does not meet the appl	licable statutory til	more than 90 days after filming requirements, this dat	g) Pursuant to 605 02 e will not be listed
ument's effective date on the De	partment of State's record	ds.		
record specifies a delayed he 90th day after the reco	-effective date, but r ord is filed.	not an effective	time, at 12:01 a.m	. on the earlier
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January 21 ed	2019			
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	Signature of a member or au			

Page 3 of 3

Filing Fee: \$25.00