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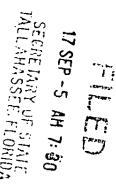
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## **COVER LETTER**

TO: Registration Section **Division of Corporations** SUBJECT: CHATWOOD HOLDINGS 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: Milagros Gomez Munoz Name of Person Milagros Gomez Munoz, P.A. Firm/Company 15751 Sheridan Street, #228 Address Fort Lauderdale, Fl 33331 City/State and Zip Code millie@mgmpalawcom E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Milagros Munoz at (305) 310-0667 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy 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:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHATWOOD HOLDINGS LLC

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

The Articles of Organization for this Limited Liability Company were filed on <u>08/09/2016</u> and assigned Florida document number L16000163600.

This amendment is submitted to amend the following:

A.	If amending nai	ie, enter the nev	name of the limit	ted liability compan	y here
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Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE)	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	(BOX)	
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	l/or registered office address on our record office address here:	17 SEC
	-	17 SEP - SECRETA
registered agent and/or the new registered o	office address here:	17 SEP -5 A

## 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

Page 1 of 3

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

or removed from our records:					
•					
MGR = Manager	•	•			
AMBR = Authorized Member					

Title	Name	Address	Type of Action
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Dated	30/17 Liz Signature		·				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00 and Certificate of Status \$5.00