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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : R&P ACCOUNTING AND TAXES INC

Account Number : I20170000090 Phone : (305)358-1310

Fax Number : (305)503-6701

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

Email Address: grad 8723 (a) Gmail. Com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CHATEAU 2501, LLC

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Help

3.PRATHER

والأراسي أيد وموسد

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| CH. | ATEAU 2501, LLC | . 8 | |
|--|---|--|--|
| (Name of the Limited L (A F | jability Company as it now appears on our records.) forda Limited Liability Company) | | |
| The Articles of Organization for this Limited Liabil Florida document numberL16000166685 | lity Company were filed on09/06/2016 | and assigned T | |
| Florida document number | · | SSO | |
| This amendment is submitted to amend the following | ng: | Ho. | |
| A. If amending name, enter the new name of the | e limited liability company here: | 門二 | |
| The new name must be distinguishable and contain the words | "Limited Liability Company," the designation "LLC" of | or the abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable | e; | | |
| (Principal office address MUST BE A STREET A | (DDRESS) | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BO. | <u></u> | | |
| | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | registered office address on our records, address here: | enter the name of the new | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florida street address | | |
| _ | | idn Zip Code | |
| | City | Zip Code | |
| New Registered Agent's Signature, if changing Regi | | | |
| I hereby accept the appointment as registered as provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the region company has been notified in writing of this cha | and complete performance of my duties, and red agent as provided for in Chapter 605, F. istered office address, I hereby confirm that | I am familiar with and S. Or, if this document is | |

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> | Name | Address | Type of Action | | |
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| | other information, enter change(s) here: (Attach additional sheets, if no ECT TO PARAGRAPH D. OF THE ARTICLES OF ORGANIZATION OF | ecessary.) |
|---------------------------------------|---|---|
| CHATEAU 2 | 501, LLC DATED OCTOBER 24th, 2018 AND FILED ON 11/06/2018 SAID | IS DELETED IN |
| ITS ENTIRE | IY. | |
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| Note: If the date ins | ther than the date of filing: (op sted, the date must be specific and cannot be prior to date of filing or more than 90 days afterted in this block does not meet the applicable statutory filing requirements, the date on the Department of State's records. | stional) fler filing.) Pursuant to 605.0207 (3)(b) his date will not be listed as the |
| the record specific The 90th day a | es a delayec effective date, but not an effective time, at 12:01 after the record is filed. | i a.m. on the earlier of: |
| Dated | , 2018 | |
| | Dunal A | 2018 DEC |
| | Signature of member of anti-orized representative of a member | |
| | DIEGO RENGIFO Typed or printed name of signee | <u> </u> |
| | | SEE SEE |
| | Page 3 of 3 | |