117000079507

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

то:	Registration Sec Division of Corp			
CHBI		RTNERS, LLC		
SOBJ	ECT:	Name of Lim	ted Liability Company	
The er	nclosed Articles of A	Amendment and fee(s) are subt	nitted for filing.	
Please	return all correspor	ndence concerning this matter t	to the following:	
		Bryan A. Kutchins, Esquire	:	
			Name of Person	
		Kutchins & Associates		
			Firm/Company	
		3974 Tampa Road, Suite C		
			Address	
		Oldsmar, FL 34677		
			City/State and Zip Code	
		kutchins@msn.com		
		E-mail address; (t	o be used for future annual report	notification)
For fu	rther information co	oncerning this matter, please ca	III:	
Bryan A. Kutchins, Esquire			813 855-4663 at () Area Code Day	·
	Name of	Person	Area Code Day	time Telephone Number
Enclo	sed is a check for the	e following amount:		
≡ \$2	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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INXITE PARTNERS, LLC		
(Name of the Limi	ited Liability Company as it now appears on (A Florida Limited Liability Company)	<u>pur records.</u>)
he Articles of Organization for this Limited I		o, 2017 and assigned
lorida document number L17000079507	·	
his amendment is submitted to amend the fol	lowing:	
. If amending name, enter the new name of	of the limited liability company here:	
he new name must be distinguishable and contain the	words "Limited Liability Company," the designation	ation "LLC" or the abbreviation "LLC"
nter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	·:
		* •
nter new mailing address, if applicable:		
Aailing address MAY BE A POST OFFICE	S BOX)	
. If amending the registered agent and egistered agent and/or the new registered of		records, enter the name of the
Name of New Registered Agent:	Bryan A. Kutchins, Esquire	
New Registered Office Address:	3974 Tampa Road, Suite C	
Ten Registra Office Hadiess.	Enter Florida si	reet address
	Oldsmar	Florida ³⁴⁶⁷⁷
	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, 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>	Address	Type of Action
SEC	Bryan A. Kutchins	3974 Tampa Road, Suite C	
		Oldsmar, FL 34677	Remove
			Change
SEC	Joy Barlaan	5001 Troydale Blvd.	= Add
		Tampa, FL 33615	Remove
			Change
			Remove
			- 20 2 3
			Add []
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Effective date, if other than If an effective date is listed, the dat Note: If the date inserted in the document's effective date on the second secon	e must be specific a ils block does no	and cannot be prie at meet the appli	or to date of filing teable statutory	or more than 90 day filing requiremen	's after filing) Purst	ant to 605.0207 of be listed as
	-			io timo, at 12	:01 a.m. on th	no obeliae of
he record specifies a dela The 90th day after the			ot an enecti	ve time, at 12	.or a.m. on u	ie earlier Ui
Dated April 11		2017				
*			-			
	•	-//-				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00