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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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COVER LETTER

Division of Co	rporations		
CH Contra	cting Group LLC		
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter t	to the following:	
	Charles Hoover		
		Name of Person	
	CH Contracting Group LLC		
	 -	Firm/Company	
	529 S Palmway		
		Address	
	Lake Worth, FL 33460		
		City/State and Zip Code	
	chase@southernpalmmgt.co	m to be used for future annual report notif	
		·	ication)
For further information	concerning this matter, please ca	all:	
Charles Hoover		571 229-8028 at ()	
Name	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for	the following amount:		
■ \$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:

TO:

Registration Section

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

CH Contracting Group LLC		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Company were filed on 07/24/2017	and assigned
Florida document number L17000158108		
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the lin	nited liability company here:	
Southern Palm Management LLC		
he new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	(RESS)	
	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi	istered office address on our records, <u>e</u>	nter the name of the ne
egistered agent and/or the new registered office add	<u>dress here</u> :	20
		A. C.
Name of New Registered Agent:		
		932 534
New Registered Office Address:	e. et it	
	Enter Florida street address	Fig. # m
	, Florid	
	Ciry	Zip &olle

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			
			□ Remove
			☐ Change
			Remove
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Effective date, if other than to (If an effective date is listed, the date	the date of filing:	ot be prior to dat	of filing or more th	option (option	al) ing) Pursuan	it to 605 0207
Note: If the date inserted in this document's effective date on the	s block does not meet	the applicable s	tatutory filing req	uirements, this d	ate will not	be listed as
he record specifies a dela The 90th day after the r	yed effective date ecord is filed.	, but not an	effective time	, at 12:01 a.r	n. on the	earlier of:
Dated June 6	20)18				
	/// · –	<u> </u>				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00