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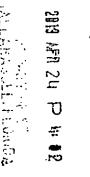
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MAY 0.7 29:0 T. LETTER:

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SUBJECT:	Chandler To	echnology Group LLC			
SUBJECT:		Name of Limi	ted Liability Company		
The enclosed	d Articles of a	Amendment and fee(s) are subi	mitted for filing.		
Please return	all correspon	ndence concerning this matter	to the following:		
		David Ridling			
			Name of Person		
		Chandler Technology Grou	ıp LLC		
Firm/Company					
		1550 130th Ave			
			Address	· · · · · · · · · · · · · · · · · · ·	
		Vero Beach, Florida 32966			
		david@chandlertech.us	City/State and Zip Code		
		E-mail address: (t	o be used for future annual repor	t notification)	
For further in	nformation co	oncerning this matter, please ca	ill:		
David Ridlir	<u> </u>		704 90-4873 at () Area Code D		
	Name of	Person	Area Code D	aytime Telephone Number	
Enclosed is a	a check for th	e following amount:			
□ \$25.00 F	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

TO:

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

Editor.

(Name of the Lim	ted Liability Comp (A Florida Limited	pany as it now appea Liability Company)	ers on our records.
The Articles of Organization for this Limited I Florida document number L17000171163 This amendment is submitted to amend the fol		ny were filed on $\frac{A}{a}$	ugust 10, 2014 AFR 24 Pandias Pened
A. If amending name, enter the new name of	of the limited lia	ibility company h	<u>ere</u> :
NA			
The new name must be distinguishable and contain the	words "Limited Lial	bility Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	NA	
(Principal office address MUST BE A STRE			
Enter new mailing address, if applicable:		NA	
(Mailing address MAY BE A POST OFFICE BOX)			
<u>Name of New Registered Agent:</u>	• •		n our records, enter the name of the nev
New Registered Office Address:		Enter Flo	orida street address
			, Florida
		City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Chandler Technology Group LLC

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>	<u>Address</u>	Type of Action
MGR	David Ridling	1550 130th Ave	
			Add
		Vero Beach, Florida 32966	
			Remove
			Change
			U Add
			Remove
			Change
			Add
			□ Remove
			_
			
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			□ Remove
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ective date, if other than the effective date is listed, the date mus e: If the date inserted in this blument's effective date on the Do	be specific and cannot ock does not meet the	e applicable statutor	ng or more than 90 days		
record specifies a delayed he 90th day after the reco		but not an effec	tive time, at 12:	01 a.m. on the ea	arlier d
ed April 22	2019	9			
		<u> </u>			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00