117000174571

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COVER LETTER

TO:	Registration Se- Division of Cor			
CHETC		EN TRAIL, LLC		
SUBJE	CI	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	_	
		KATHERINE LEWIS, CP	A. ESQ	
			Name of Person	
			Firm/Company	
		713 N 14TH STREET		
			Address	-
		LEESBURG, FL 34748		
		KLGLEWIS@GMAIL.CO		
		E-mail address: (to be used for future annual report notifi	cation)
For furt	her information co	oncerning this matter, please co	all:	
KATHI	ERINE LEWIS		352 805-4210	
	Name of	Person	at ()	Telephone Number
Enclose	d is a check for th	e 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:

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

2017 AUG ?	
MITAUGZ, - L	
2017 AUG 21 AK 8: 45	į

THE BROKEN TRAIL, LLC

(<u>Name of the Limit</u>	ed Liability Company as it now appears (A Florida Limited Liability Company)	s on our records,)	ASSEE TSIMI
The Articles of Organization for this Limited Li Florida document numberL17000174571	ability Company were filed on		and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the de	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	able:		
(Principal office address MUST BE A STREE	T.ADDRESS)	···-	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>		
B. If amending the registered agent and/ registered agent and/or the new registered of		our records. ent	er the name of the ne
Name of New Registered Agent:			
New Registered Office Address:	Enter Flor	ida street address	
		, Florida	Zip Code
	City		Zip Code
New Registered Agent's Signature, if changing B	legistered 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>	<u>Address</u>	Type of Action
AMBR	KATHERINE LEWIS	19201 TWIN PONDS ROAD	□ Add
		UMATILLA, FL 32784	■ Remove
			Change
AMBR	DERICK BUGG	19201 TWIN PONDS ROAD	= Add
		UMATILLA, FL 32784	<u></u> .
			☐ Change
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Lithering Literali CAA ESR	ted _	<u>18/16/2017</u>
		Vithering Literia CAA ECO

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Typed or printed name of signee

Filing Fee: \$25.00