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COVER LETTER

TO:		ion Section of Corporations		. ••				
SUBJEC		TCHFIELD INVESTMENTS L	LC					
SUBJEC	C1;	Name of Limited Liability Company						
The encl	losed Artic	eles of Amendment and fee(s) a	re submitted for filing.					
Please re	eturn all co	prespondence concerning this n	natter to the following:					
		Richard H. Critchfiel	ld					
			Name of Person					
			Firm/Company					
		1001 East Atlantic A	venue, Suite 201					
			Address					
		Delray Beach, Florid	a 33483					
		-	City/State and Zip Code					
		rhc7744@aol.com						
		E-mail add	ress: (to be used for future annua	al report notification)				
For furth	ner informa	ation concerning this matter, ple	ease call:					
Richard	H. Critch	field	561 2 at ()	79-0322				
	1	Name of Person	Area Code	Daytime Telephone Number				
Enclosed	d is a checl	k for the following amount:						
\$25.8	00 Filing I	Fee \$\square\$ \$30.00 Filing Fee \delta \text{Certificate of State}		Certificate of Status &				

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

Critchfield Investments LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on November 17, 2017	and assigned
Florida document number L17000238475		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	lity company here:	
501 CAMELIA LLC		
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		200 第一
		SA O
Enter new mailing address, if applicable:		Tros N
Mailing address MAY BE A POST OFFICE BOX)		70
3. If amending the registered agent and/or registered of	fice address on our records en	ter the name of the n
egistered agent and/or the new registered office address here		ter the hame of the fi
Name of Navy Registered Asserts		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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 Title Name **Address Type of Action** □ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change _ Add _□ Remove ☐ Change ☐ Remove ☐ Change _□ Add ☐ Remove

_□ Change

If amending any other information, enter change(s) here: (Attach additional sheet	o, g necessus y y
	·
	
	
Effective date, if other than the date of filing:	(optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 Note: If the date inserted in this block does not meet the applicable statutory filing requirem document's effective date on the Department of State's records.	
the record specifies a delayed effective date, but not an effective time, at :) The 90th day after the record is filed.	12:01 a.m. on the earlier of:
Dated March 16 , 2018	SECTION IN
	AHAN
Signature of a member or authorized representative of a member	er m ×
Richard H. Critchfield	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00