## 1180000000157

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ad                     | ldress)            |             |
| (Ad                     | idress)            | <del></del> |
| (Cit                    | ty/State/Zip/Phone | : #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Ви                     | siness Entity Nam  | ne)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | of Status   |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |
|                         | <u></u>            |             |





100318025481

10/03/18--01001--027 \*\*25.00

2018 DCT -3 PM 4: 26



## **COVER LETTER**

| TO: Registration<br>Division of C |   |   | 20   |
|-----------------------------------|---|---|--|
|                                   | YNASTY LLC  |   | 10 8 01  |
| SUBJECT:                          | Name of Lin   | nited Liability Company   | 2018 OCT -1  |
|                                   |   |   |  |
| The enclosed Articles             | of Amendment and fee(s) are sub   | omitted for filing.   | 54 KZ: 27  |
| Please return all corres          | pondence concerning this matter   | to the following:   | 7.   |
|                                   | DEBRA HAWKINS   |   |  |
|                                   |   | Name of Person  |  |
|                                   | RRT & ASSO  |   |  |
|                                   |   | Firm-Company  |  |
|                                   | 12086 FT CAROLINE R   | RD STE 301  |  |
|                                   |   | Address   | <del></del>  |
|                                   | JACKSONVILLE FL 322   | 225   |  |
|                                   | DEBBIE@PADGETTAC  | City'State and Zip Code COUNTING.COM  | <u>.</u>   |
|                                   | E-mail address: (   | to be used for future annual report not   | ification)   |
| For further information           | i concerning this matter, please c  | all:  |  |
| DEBRA HAWKINS                     |   | 904 859.9829<br>at ( )  |  |
| Name                              | e of Person   |   | ne Telephone Number  |
| Enclosed is a check for           | r the following amount:   |   |  |
| □ \$25.00 Filing Fee              | ☐ \$30.00 Filing Fee &<br>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) |
| Regi<br>Divi<br>P.O.              | ILING ADDRESS:<br>stration Section<br>sion of Corporations<br>Box 6327<br>thassee, FL 32314 | STREET/COUR<br>Registration Secti<br>Division of Corpo<br>Clifton Building<br>2661 Executive C<br>Tallahassee, FL 3 | on<br>orations<br>enter Circle   |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2018 OCT -3 PM 4: 26

CHO DYNASTY LLC

Y LLC

(Name of the Limited Liability Company as it now appears on our records ALLAHASSEE, FL

(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liab Florida document number L18000000157     |   | and assigned                          |
|---|---|---------------------------------------|
| This amendment is submitted to amend the follow   | ing:  |                                       |
| A. If amending name, enter the new name of the  | ne limited liability company here:            |                                       |
| The new name must be distinguishable and contain the word                                   | Is "Limited Liability Company," the designati | on "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicab  | le:   |                                       |
| (Principal office address MUST BE A STREET)   | ADDRESS)                                      |                                       |
| Enter new mailing address, if applicable:   |   |                                       |
| (Mailing address MAY BE A POST OFFICE BO  | <u></u>                                       |                                       |
| B. If amending the registered agent and/or registered agent and/or the new registered offic |   | records, enter the name of the new    |
| Name of New Registered Agent:   |   | · · · · · · · · · · · · · · · · · · · |
| New Registered Office Address:  |   |                                       |
|   | Enter Florida stre                            | et address                            |
|   |   | Florida<br>Zip Code                   |
|   | Ciţv  | 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 |
|--------------|-----------------|--|----------------|
| PRES         | DANIEL A MABAET | 2454 ORMSBY CIR W<br>JACKSONVILLE FL 32210 | _■ Add         |
|              |                 |  | □ Remove       |
|              |                 |  | ☐ Change       |
|              |                 |  |                |
|              |                 |  | □ Remove       |
|              |                 |  | □ Change       |
|              |                 |  | Add            |
|              |                 |  | Remove         |
|              |                 |  | □ Change       |
|              |                 |  | Add            |
|              |                 | ☐ Remove                                   |                |
|              |                 |  | ☐ Change       |
|              |                 |  |                |
|              |                 | □ Remove                                   |                |
|              |                 | <del></del>                                | □ Change       |
|              |                 |  |                |
|              |                 |  | Remove         |
|              |                 |  | Change         |

|  | ·   |                            |  |
|--|---|----------------------------|--|
| · <del>-</del>                                     |   |                            | <del>-                                    </del> |
|  |   |                            |  |
|  |   |                            |  |
|  |   |                            |  |
|  |   |                            |  |
|  |   |                            |  |
|  |   |                            |  |
|  |   |                            |  |
|  |   |                            |  |
|  |   |                            |  |
|  |   |                            |  |
|  |   |                            |  |
|  |   |                            |  |
|  |   |                            |  |
|  | <del>.</del>  |                            |  |
|  |   |                            |  |
|  |   |                            |  |
|  |   |                            |  |
|  |   |                            |  |
| ective date, if other than                         | the date of filing:   | (0                         | ptional)   |
| te: If the date inserted in thi                    | must be specific and cannot be prior to<br>s block does not meet the applical<br>e Department of State's records. |                            |  |
| record specifies a dela<br>he 90th day after the i | yed effective date, but not<br>record is filed.   | an effective time, at 12:0 | 1 a.m. on the earlier                            |
| SEP 17   | 2018  | _ ·                        |  |
|  |   |                            |  |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00