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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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COVER LETTER

	Registration Sec Division of Corp			
CHD IEC"	Upper East	Side, LLC		
SUBJEC	· · · · · · · · · · · · · · · · · · ·		ited Liability Company	
The enclo	sed Articles of :	Amendment and fee(s) are sub	mitted for filing.	
Please reti	ırn all correspoi	ndence concerning this matter	to the following:	
		Michael Flanders		
			Name of Person	
			Firm/Company	
		265 River Drive		
			Address	
		East Palatka, FL 32131		
			City/State and Zip Code	
		wmflanders@comcast.net E-mail address: (to be used for future annual report noti	lication)
For furthe	r information co	oncerning this matter, please ca	all:	
Michael F			386 937-1659	
	Name of	Person	at () Area Code Daytim	e Telephone Number
Enclosed i	s 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

Upper East Side, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 1/23/18 Florida document number $\frac{1.18000020679}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: œ (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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:

or removed from our records:	•		
MGR = Manager AMBR = Authorized Member			

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ffective date, if other th	on the date of filings		(o pti o	mal)
an effective date is listed, the	date must be specific and canno		or more than 90 days after	filing.) Pursuant to 605
ocument's effective date of	n this block does not meet the on the Department of State's	records.	ining requirements, this	date will not be fist
e record specifies a d The 90th day after t	delayed effective date, he record is filed.	but not an effective	ve time, at 12:01 a	.m. on the earli
MAy 23rd	20	18		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00