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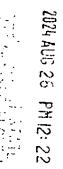
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COVER LETTER

TO: Registrat Division	n Section Corporations
SUBJECT:	CHAMBERS & LEONARD REALTY INVESTMENT LLC
	Name of Limited Liability Company
The enclosed Artic	s of Amendment and fee(s) are submitted for filing.
Please return all co	espondence concerning this matter to the following:
	Andrew A. Chambers
	Name of Person
	CHAMBERS REALTY INVESTMENT LLC
	Firm/Company
	254 Ruth Blvd
	Address
	Longwood. Florida 32750
	City/State and Zip Code
	grove238@outlook.com E-mail address: (to be used for future annual report notification)
For further informa	on concerning this matter, please call:
And	w.A. Chambers at (407) 538 - 8356
7	ne of Person Area Code Daytime Telephone Number
Enclosed is a check	or the following amount:
⊠ \$25.00 Filing	Solutional copy is enclosed: Solutional copy is enclosed:

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

N FILED 2024 AUG 25 PM 12: 22

CHAMBERS & LEONARD REALTY INVESTMENT.LLC

(Name of the Limited Liability Company as it now appears on our records.)

The Articles of Organization f	or this Limited Liability Company	were filed on	March 14, 2018	and assigned
Florida document number	L18000067017			
This amendment is submitted	to amend the following:			
A. If amending name, enter	the new name of the limited liab	ility company he	ere:	
	CHAMBERS REALTY			
The new name must be distinguishal	ole and contain the words "Limited Liabi	lity Company," the d	esignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices a	ddress, if applicable:			
(Principal office address MU:	ST BE A STREET ADDRESS)		<u> </u>	
Enter new mailing address, i	f applicable:			
(Mailing address MAY BE A	POST OFFICE BOX)		<u>_</u>	
				<u></u> -
B. If amending the registere agent and/or the new register	d agent and/or registered office a red office address here:	address on our r	ecords, <u>enter the nam</u>	e of the new registered
Name of New Regist	ered Agent:			_
New Registered Offi	ce_Address:	Enter Flor	ida street address	
		7,11(17,11/1		
		City	, Florida	Zip Code
New Registered Agent's Signat	ure, 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 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
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ivote: If the	te, if other than the date late is listed, the date must be sp date inserted in this block deffective date on the Department	oes not meet the applic	cable statutory film	(opt nore than 90 days aften ng requirements, th	ional) r filing.) Pursuant to 60 is date will not be lis	5.0207 (ted as t
e record speci rd is filed.	ifies a delayed effective date	, but not an effective t	ime, at 12:01 a.m.	on the earlier of: (b) The 90th day afte	er the
Dated	August 15	2024				
	n	ndrew Gha	1			
_	Signa	ture of a member or auth	mbers norized representativ	e of a member		
_			Chambers ted name of signee	<u></u>		

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