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T SCHROEDER

COVER LETTER

	legistration Sec division of Corp			
SUBJECT		VERHILL LLC		
SOBJEC.	·	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	_	
	•	ROWLAND M. SMITH I	<u>.</u>	•
		BAKER TILLY VIRCHO	Name of Person	
		1800 BYBERRY ROAD,	Firm/Company SUITE 1100	
		HUNTINGDON VALLEY	Address Y, PA 19006	
		Rowland.Smith@bakertilly		
For further	· information co	oncerning this matter, please ca	to be used for future annua	report notification)
ROWLA	ND M. SMITH	Ш	215 5 at()	44-6118
	Name of	Person	Area Code	Daytime 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 en	Certificate of Status &
		NG ADDRESS:		T/COURIER ADDRESS: tion Section

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

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CKMJ HAVERHILL LLC	
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.)
(A Florida Elithica Elability Co	f

	(A Florida Limited Liability Company)		
The Articles of Organization for this Limited I. Florida document number L18000086084	iability Company were filed on APR	IL 4, 2018	_ and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liability company here	<u>2</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the des	ignation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applie	cable:		1.000
(Principal office address MUST BE A STREE	ET ADDRESS)	••	
		<u>*</u>	· <u> </u>
		* · · · · · · · · · · · · · · · · · · ·	NO.
Enter now mailing address if analysts.		 (
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)	,::.	
			<u></u>
D 15		· · · · · · · · · · · · · · · · · · ·	60
B. If amending the registered agent and registered agent and/or the new registered o		our records, enter the	e name of the new
and the second of	mee autress here.		
Name of New Registered Agent:	KEITH M. ASPLUNDH		
New Registered Office Address:	210 PALMO WAY		
New Registered Office Address:	Enter Florid	a street address	
	PALM BEACH	may 33480)
	City	, Florida _ ³³⁴⁸⁰	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		•
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registery being filed to merely reflect a change in the company has been notified in writing of this	ed agent and agree to act in this ca wer and complete performance of m istered agent as provided for in Ch registered office address. I hereby	ry duties, and I am fam apter 605, F.S. Or, if t	iliar with and his document is

Page 1 of 3

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** <u>Address</u> Type of Action 210 PALMO WAY PALM BEACH FL 33470 KEITH M. ASPLUNDH MGR ₹ Add ☐ Remove ☐ Change JEFFREY D. ASPLUNDH MGR □ Add 3005 STEWART ROAD MIDDLE TORCH KEY,FL 33042 ▼ Remove ☐ Change □ Add ☐ Remove ☐ Change E-Remove Change **5** _□ Add □ Remove ☐ Change □ Add _□ Remove ☐ Change

amen	ding any other information, enter change(s) here: (Attac	h additional sheets, if necessary.)	
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_		75	<u> </u>
fectiv	e date, if other than the date of filing: November 1,	2019 (optional)	8
m effec ote: Ti	tive date is listed, the date must be specific and cannot be prior to date of the date inserted in this block does not meet the applicable statuates effective date on the Department of State's records.	filing or more than 90 days after filing.) Pu	rsuant to 605,020 I not be listed a
reco The 9	rd specifies a delayed effective date, but not an eff Oth day after the record is filed.	ective time, at 12:01 a.m. on	the earlier o
1ed _	September 17 2019 Rowland M Smoth The		
	Kowland Wouth Signature of a member or authorized repr	- Managing Mes esentative of a member	mber
	ROWLAND M. SMITH III		
	Typed or printed name of	signee	
	Typed or printed name of	signee	

Page 3 of 3

Filing Fee: \$25.00