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COVER LETTER

TO: Registratio Division of	n Section Corporations		
CHID IT CT.	V. Lake Avenue, LLC		
SUBJECT.	Name of Lin	nited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sub	omitted for filing.	
Please return all corr	respondence concerning this matter	to the following:	
	Amanda Wagner		
		Name of Person	
		Firm/Company	
	1310 N. 22nd Street		
		Address	
	Tampa, Florida 33605		
		City/State and Zip Code	
	fuentefamily@fuenteholdir	_	
For further informati	E-mail address: (on concerning this matter, please c	(to be used for future annual report notification)	
Amanda Wagner		813 549-6043	
Na	me of Person	at () Area Code Daytime Telephone N	umber
Enclosed is a check t	for the following amount:		
■ \$25.00 Filing Fe	ce S30.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	.00 Filing Fee. rtificate of Status & rtified Copy litional copy is enclosed)
<u>Mailing Ad</u> Registrati		Street Address: Registration Section	
Registration Section Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	AMENDMENT	
_	ORGANIZATION	
O	AMENDIVIENT O ORGANIZATION OF any as it now appears on our records.) Liability Company) y were filed on 04/17/2018 and assigned	
2809 W. Lake Avenue, LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.)	
(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on $\frac{04/17/2018}{}$ and assigned \sim	
orida document number L18000094306		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	nility company here	
It united ing maine, enter the new name of the inflict hab	mity company nere.	
he new name must be distinguishable and contain the words "Limited Liabi	ility 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)		
Inter new mailing address, if applicable:	PO Box 5983	
Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 33675	
I I Company of the control of the co		
. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new register	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City Zip Code	
ew Registered Agent's Signature, if changing Registered Agent:	<u> </u>	
hereby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete except the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office ompany has been notified in writing of this change.	e performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is	
If Char	nging Registered Agent, Signature of New Registered Agent	
11 (71181	nging ingenero rigent, organizate of free regimerto rigent	

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
			Change
			□Remove
			□Change
			□Add
			Change
			
			□Remove
			□Change

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Note: 1	e date, if other than the date of filing:
the record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated_	19-kb-2020
	Signature of a member or authorized representative of a member
	Liana Fuente, MGR
	Typed or printed name of signee

Filing Fee: \$25.00