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COVER LETTER

TO:	Registration of	on Section Corporations
SUBJE		DRIDGE PKWY HOUSTON TX LANDCO LLC
NO DO E	C1	Name of Limited Liability Company
The encl	losed Article	es of Amendment and fee(s) are submitted for filing.
Please re	eturn all corr	respondence concerning this matter to the following:
		Pun For Li
		Name of Person
		FGGF VENTURES, LLC
		Firm/Company
		201 Madeira Avenue
		Address
		Coral Gables, FL 33134
		City/State and Zip Code
		fli@fg-companies.com
		E-mail address: (to be used for future annual report notification)
For furth	er informati	on concerning this matter, please call:
Pun For	Li	240 893-8833 at ()
	Na	at () me of Person
Enclosed	l is a check t	or the following amount:
■ \$ 25.	00 Filing Fe	e □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

DH-ELDRIDGE PKWY HOUSTON TX LANDCO 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 June 7, 2018 and assigned Florida document number L18000141543 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CHC-2798 SOUTH HORNER BLVD SANFORD NC LANDCO LLC 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: (Mailing address MAY BE A POST OFFICE BOX) S 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 , Florida

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.

City

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 1 **Address** Type of Action _□ Add _□ Remove _□ Change _□ Add □ Remove _□ Change □ Add _□ Remove _□ Change _D Add □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change

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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be provide: If the date inserted in this block does not meet the appropriate document's effective date on the Department of State's record	licable statutory filing rec	(optional) nan 90 days after filing.) Pursuirements, this date will	suant to 605.0 not be listed
the record specifies a delayed effective date, but represented The 90th day after the record is filed.	not an effective time	, at 12:01 a.m. on t	he earlier
Dated June 12 2018	<u>/</u>		
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Filing Fee: \$25.00