2/5/2020

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : M. FAEHNER, ESQ. LLC

Account Number : I20170000081 Phone : (727)443-5190 Fax Number : (727)474-9949

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	
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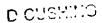
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Certificate of Status	0
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Estimated Charge	\$25.00

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Corporate Filing Menu

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Madhouse Properties LLC		
(Name of the Limited Liability (A Florida I	Company as it now appears on our records.) .imited Liability Company)	
The Articles of Organization for this Limited Liability Co	mpany were filed on 12/28/2018	and assigned
Florida document number L19000002122	-•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or the a	observation "L.L.C."
Enter new principal offices address, if applicable:	·	
(Principal office address MUST BE A STREET ADDRI	<u> </u>	
		2 :-
Enter new mailing address, if applicable:		0 =
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u></u>
B. If amending the registered agent and/or registered	office address on our records enter the nan	ne of the new registere
agent and/or the new registered office address here:	office address on our records, enter the da.	ζη - 1- (2 :
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code

## 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 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>	Name	Address	Type of Action
MGR	новіск, јозн	6322 PALMA DEL MAR	□Add
		STE 703	■Remove
		ST. PETE BEACH, FL 33715	□Change
MGR	CHAOS MANAGEMENT LLC	6322 PALMA DEL MAR	≅Add
		STE 703	
		ST. PETERSBURG, FL 33715	□Change
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