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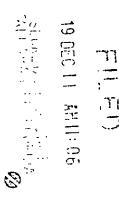
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(Address)				
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T SCHROEDER

COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:)055 E5+0 Name of Limi	CHCS LLC ited Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	lence concerning this matter t	to the following:	
	Tracy) Mo65 Name of Person	
		S ESTATES LI	<u>C</u>
	2000	O CR 44A Address	
	<u> </u>	FL 3273 6	
	E-mail address: (t	551@Concast. o be used for future annual report notificat	net
For further information con	cerning this matter, please ca	ıll:	
Trocy m	<u> </u>	at (<u>407</u>) <u>403 -</u> Area Code Daytime Te	lephone Number
Enclosed is a check for the	following amount:		
\$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60,00 Filing Fee. Certificate of Status & 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

M055 F57	C1-65 11C	
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears or .imited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Co		ther 4, 2001 and assigned
Florida document number	_ '	
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 desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRI	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u></u>
B. If amending the registered agent and/or registered agent and/or the new registered office addre		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida .	street address
		, Florida
	City	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 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 <u>Address</u> Type of Action Name □ Remove ⊠ Change Molanm □ Add Corrected 11/24/ □ Remove ☐ Change □ Add ☐ Remove _□ Change

D. If amending any other information, enter change(s) here: iAttach additional sheets, if	necessary		
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		_	
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	after filling.) Parsuant	to 605.0 be listed	207 (3) Las the
f the record specifies a delayed effective date, but not an effective time, at $12:0$ b) The 90th day after the record is filed.	1 a.m. on the	earlier	of:
Dated October Nth 3019			
Signature of a injunber or authorized representative of a member		.	
Tracy 1990 55 Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00