

L190000070468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

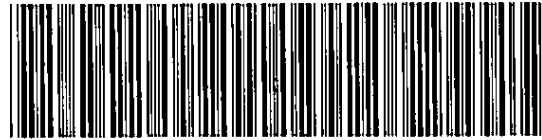
(Business Entity Name)

(Document Number)

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2019 APR 17 P 12 04  
FILING  
INLETARASSEMENT

APR 28 2019

T. LEMIEUX

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CHINOOK HOLDINGS OF SWFL, LLC  
\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BARBARA RUIZ-GONZALEZ

\_\_\_\_\_  
Name of Person

RUIZ-GONZALEZ LAW PLLC

\_\_\_\_\_  
Firm/Company

PO BOX 833059

\_\_\_\_\_  
Address

MIAMI, FL 33283

\_\_\_\_\_  
City/State and Zip Code

barbara@ruizgonzalezlaw.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BARBARA RUIZ-GONZALEZ                      305                      814-4224  
\_\_\_\_\_  
Name of Person                      at (                      )                      Daytime Telephone Number  
Area Code

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building

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

CHINOOK HOLDINGS OF SWFL, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**

**2018 APR 17 P 12:55**

The Articles of Organization for this Limited Liability Company were filed on MARCH 13, 2019  
Florida document number L19000070468

**RECEIVED AND ASSIGNED  
TALLAHASSEE REGION**

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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**

*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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	JOSEPHINE WALSH	15060 CHINOOK WAY	<input type="checkbox"/> Add
		PORT CHARLOTTE, FL 33283	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARIA A. WALSH REV TRUST	15060 CHINOOK WAY	<input checked="" type="checkbox"/> Add
		PORT CHARLOTTE, FL 33283	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOHN T. WALSH REV TRUST	15060 CHINOOK WAY	<input checked="" type="checkbox"/> Add
		PORT CHARLOTTE, FL 33283	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOHN T. WALSH	15060 CHINOOK WAY	<input type="checkbox"/> Add
		PORT CHARLOTTE, FL 33283	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

(b) The 90th day after the record is filed.

4/2

2019

BARBARA RUIZ-GONZALEZ

Typed or printed name of signee