

L19 000 213 242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

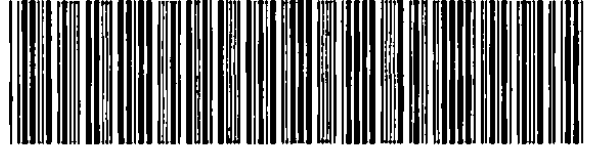
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/23/20--01006--002 **25.00

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FILED

12/28/20


TO: Registration Section
Division of Corporations

SUBJECT: Chiberry Creek 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:

Charles E. Garris

Name of Person

Charles E. Garris P.A.

Firm/Company

819 Beachland Boulevard

Address

Vero Beach, FL 32963

City/State and Zip Code

cegarris@verotaxlaw.com

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

For further information concerning this matter, please call:

Chuck Garris

772 231-1995
at ()

Name of Person

Area Code

Daytime Telephone 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION
OF

CHIBERRY CREEK 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 8/21/2019 and assign
Florida document number L19000213242.

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:

4445 North A1A, Suite 242

(Principal office address MUST BE A STREET ADDRESS)

Vero Beach, FL 32963

Enter new mailing address, if applicable:

4445 North A1A, Suite 242

(Mailing address MAY BE A POST OFFICE BOX)

Vero Beach, FL 32963

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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: Charles E. Garris

New Registered Office Address: 819 Beachland Boulevard
Enter Florida street address

Vero Beach, Florida 32963
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 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

MGR = Manager
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of A</u> |
|--------------|---------------|---------------------------|--------------------------------------------|
| MGR | Uribe, Felipe | 4445 North A1A, Suite 242 | <input type="checkbox"/> Add |
| | | Vero Beach, FL 32963 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| MGR | Diaz, Marcela | 4445 North A1A, Suite 242 | <input type="checkbox"/> Add |
| | | Vero Beach, FL 32963 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

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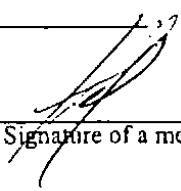
E. Effective date, if other than the date of filing: _____ (optional)

(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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.

If 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 record is filed.

Dated September 24, 2020


Signature of a member or authorized representative of a member

Felipe Uribe

Typed or printed name of signee

Filing Fee: \$25.00