

L19 000213242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

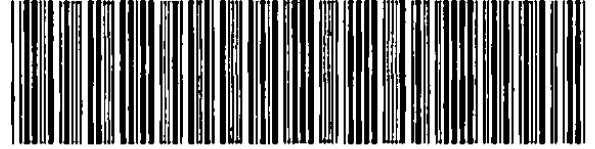
(Business Entity Name)

(Document Number)

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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:

(Principal office address MUST BE A STREET ADDRESS)

4445 North A1A, Suite 242

Vero Beach, FL 32963

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4445 North A1A, Suite 242

Vero Beach, FL 32963

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. Garriss

New Registered Office Address:

819 Beachland Boulevard

Enter Florida street address

Vero Beach

City

, Florida 32963

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

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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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.

Dated September 24 2020

Felipe Uribe

Typed or printed name of signee

Filing Fee: \$25.00