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COVER LETTER

TO:	Registration Se Division of Cor			¥
CHEST		REET, LLC		
SUBJE	CCT:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		DONIA A. ROBERTS, ES	SQUIRE	
			Name of Person	
		DONIA A. ROBERTS, P.		
			Firm/Company	
		257 SE DR. MARTIN LU	THER KING JR BOULEVARD	
			Address	
		BELLE GLADE, FLORIE	DA 33430	
			City/State and Zip Code	
		SSPRAGUE@GEICO.COM		
		E-mail address: (to be used for future annual report notifi	ication)
For fur	ther information c	oncerning this matter, please ca	ıll:	
DONIA	A A. ROBERTS, I	ESQUIRE	561 993-0990	
	Name o	f Person	at () Area Code Daytime	Telephone Number
⊽ aaloo	ud ie a abaete for th	ne following amount:		
		•	□ 455 00 UU U B	F1 6/0 00 F(1) F
	5.00 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

MARK STREET, LLC			
(Name of the Limited (7)	Liability Company as it now appears on our records.) Florida Limited Liability Company)		
	bility Company were filed on OCTOBER 03, 2019	and assig	gned
Florida document number 1.19000249442	·		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company here:		
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L	
Enter new principal offices address, if applical	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	(1Y)		
intuiting dataless MAT DE AT 031 OFFICE B	0.00		
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address on our records, <u>enter</u> ce addres <u>s herc</u> :	the name 2	f the mey
		.: -	
Name of New Registered Agent:	***		<u></u>
New Registered Office Address:	Enter Florida street address	्रे _ः ५ :	<u> </u>
	, 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 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

1. .

Title	<u>Name</u>	Address	Type of Action
AMBR	STEVEN A. SPRAGUE, LLC	14268 LEEWARD WAY	Add
			■ Remove
		PALM BEACH GARDENS, FL 33410	☐ Change
AMBR	STEVEN A. SPRAGUE, SR.	14268 LEEWARD WAY	■ Add
			Remove
		PALM BEACH GARDENS, FL 33410	Change
			Add
			☐ Remove
			☐ Change
			□ Aðd
			☐ Remove
			☐ Change
			D Add
			☐ Remove
			☐ Change
			Remove
			□ Change

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t an effective date is its Note: If the date ins	ther than the date of filing: ted, the date must be specific and cann erted in this block does not meet to date on the Department of State's	ot be prior to date of film he applicable statutory	g or more than 90 days afte	er filing.) Pursuant to 605.0207
	es a delayed effective date, fter the record is filed.	, but not an effect	ive time, at 12:01	a.m. on the earlier o
Dated	11/14	7019		
	1///	W/		
		er ox authorized represen	itative of a member	

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Typed or printed name of signee

Filing Fee: \$25.00