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SECRETARY OF STATE
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 114 Chelms fo	11/1/
Na	une of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning th	nis matter to the following:
Am	y Rams burg Name of Derson
C.I	herry Road Technologies Inc.
	NW Corporate Blvd, Svite 104
\mathcal{B}_{c}	oca Raton FL 33431 City/State and Zip Code
<u> </u>	msburg@cherrysood.com address: (to be used for future annual report notification)
For further information concerning this matter	, please call:
Amy Ramsburg Name of Person	at (973) 541 - 4376 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☑ \$25.00 Filing Fee ☐ \$30.00 Filing F Certificate of	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

114 Chelms	ford LLC				
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on imited Liability Company)	our records.)			
The Articles of Organization for this Limited Liability Conference of Organization for the Organizatio		3// 20 and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limite	ed liability company here:				
The new name must be distinguishable and contain the words "Limite	d Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRE	<u></u>	20 <u>20 20</u>			
		<u> </u>			
		× × × × × × × × × × × × × × × × × × ×			
Enter new mailing address, if applicable:		SE COLUMN			
•		A C			
(Mailing address MAY BE A POST OFFICE BOX)		95 0 1			
		<u> </u>			
	man a b	-, -1			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our recor	ds, enter the name of the new registered			
agent and/or the new regionered office address here.					
N CN B C L					
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	. Florida				
	City Zip Code	Zip Code			
New Registered Agent's Signature, if changing Registered .	Agent:				
I hereby accept the appointment as registered agent ar provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my ont as provided for in Chap	duties, and I am familiar with and stee 605, F.S. Or, if this document is			

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>	Address	Type of Action
MAR	Amy Ramsburg	2101 NW Corporate Blvd, Stc10	
		Boca Ration, FL 33431	□Remove
			□Change
MAR	Jeremy Gulban	301 Gibraltar Driste?	
		Morris Plains, NJ07	950 □Remove
			Charles Ca Carles Carle
			MAG -3 REPARY AHASSI
			Remove (1) 100 Octobringe
			□Add
			□Remove
			□Change
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fective date, if other in effective date is listed, the ote: If the date inserted cument's effective date	in this block does	not meet the appli	cable statutory fi				
ecord specifies a delaye is filed.	d effective date, bu	t not an effective	time, at 12:01 a.r	n, on the earlier of:	(b) The 90th	i day afte	er the
ted March	2 rud	<u>ƏOƏC</u>	<u>) </u>				
	Ann	u Ran	nhuro				
	Signature	of a member or aut	horized representati	ve of a member			

Filing Fee: \$25.00