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SECRETARY OF STATE TALLAHASSEE, FL

2022 AUG 22 AM II: 20

COVER LETTER

	Registration So Division of Cor			
CHD IEC		PROPERTIES L.L.C.		
SUBJEC	:T:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		DAVID SEARCY MCGE	HEE JR.	
			Name of Person	
			Firm/Company	
		220 PONTE VEDRA PAR	K DR. SUITE, 200	
			Address	
		PONTE VEDRA BEACH	, FL. 32082	
			City/State and Zip Code	
		DAVID.MCGEHEEJR@O	UTLOOK.COM to be used for future annual report no	titication
For furthe	er information c	oncerning this matter, please c	·	
DAVID MCGEHEE JR.		904 483 - 6595		
	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	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 Addres Registration S	Section	<u>Street Address:</u> Registration Se	
	Division of C P.O. Box 632	•	Division of Co The Centre of	•

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEARCY PROPERTIES L.L.C.			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000052630</u> .	were filed on01/31/2020	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abb	reviation "L.L.C."	
Enter new principal offices address, if applicable:	220 PONTE VEDRA PARK DR.		
(Principal office address MUST BE A STREET ADDRESS)	DRESS) SUITE, 200		
•	PONTE VEDRA BEACH, FL. 32082		
Enter new mailing address, if applicable:	220 PONTE VEDRA PARK DR.	2022 F SECF	
(Mailing address MAY BE A POST OFFICE BOX)	SUITE, 200	AND S	
	PONTE VEDRA BEACH, FL. 32082	22 HARY	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name		
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 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
MGR	CHARLES WEEKLEY	3513 CROSSVIEW DRIVE	≣ 'Add
		JACKSONVILLE, FL. 32224	□Remove
			□Change
			□Add
			□Remove
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Effective data if other	u than tha data a	f filiman		(als.
Effective date, if other fan effective date is listed, Note: If the date inserte document's effective date	ed in this block doc	es not meet the appli	cable statutory filin	ore than 90 days after fil g requirements, this d	ing.) Pursuant to 605.020 ate will not be listed as
record specifies a delayed is filed.	ged effective date.	but not an effective	time, at 12:01 a.m.)	on the earlier of: (b)	The 90th day after the
Dated AUCUST	zo	<u>ZCZZ</u>	·		
	D8	Med		of a member	
	Signatu	re of a member or auti	norized representative	of a member	

Filing Fee: \$25.00