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C. GOLDEN MAY 2 8 2000

COVER LETTER

TO:	Registration Se Division of Cor			
CHB IEA	Navarro Pro	operties, LLC	•	
SUBJE	UI:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Barry T. Shevlin		
			Name of Person	
		Shevlin & Atkins, Attorne	ys at Law	
			Firm/Company	
		1111 Kane Concourse, Sui	te 619	
			Address	
		Bay Harbor Islands, Ft. 33	154	
			City/State and Zip Code	
		barry@shevlinatkins.com E-mail address: (to be used for future annual report notifi	ication)
For furth	ner information c	oncerning this matter, please c		,
Barry St	hevlin		305 868-0304 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	d is a check for th	ne 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 S	Section	Street Address: Registration Sec	
	Division of C	orporations	Division of Corp	porations

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



202011 "-7 PH 3: 19

Navarro Properties, 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	y Company were filed on $\frac{3/13/20}{1}$	and assigned
Florida document number L20000077123		
This amendment is submitted to amend the following	g;	
A. If amending name, enter the new name of the l	limited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the design	nation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address here. Name of New Registered Agent:		ds, enter the name of the new registered
New Registered Office Address:	·	
	Enter Florida s	treet address
_	Cin	, FloridaZip Code
New Registered Agent's Signature, if changing Registo	•	гар Соме
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered	ent and agree to act in this cape d complete performance of my	duties, and I am familiar with and oter 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
AMBR	Christian Navarro	14060 NW 82nd Avenue	□Add
		Miami, FL 33016	7.0
		· · · · · · · · · · · · · · · · · · ·	☐ Change
			□Add
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ote: If the date	if other than the is listed, the date note inserted in this ctive date on the	block does not	meet the appli	cable statutory	or more than 90 of filing requirement	(optional) days after filing.) I ents, this date w	Pursuant to 605.0207 ill not be listed as t
record specifies is filed.	s a delayed effec	tive date, but no	ot an effective t	ime, at 12:01 a	.m. on the earli	er of: (b) The	90th day after the
	-	/	2020	10			
ated May 1	(/o	1</td <td>10</td> <td>LH.</td> <td>2./</td> <td></td> <td></td>	10	LH.	2./		
ated May 1		Signature of	i phember or ainth	norizetre present	ative La membe	τ	

Filing Fee: \$25.00