## LZC CCCC 78161

| (Re                     | questor's Name)                        |               |
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| (Cit                    | ty/State/Zip/Phon                      | e #)          |
| PICK-UP                 | ☐ WAIT                                 | MAIL          |
|                         |  |               |
| (Bu                     | siness Entity Na                       | me)           |
| (Do                     | ocument Number                         |               |
| (1)                     | cument Number,                         | )             |
| Certified Copies        | Certificate                            | s of Status   |
|                         | _                                      |               |
| Special Instructions to | Filina Officer:                        |               |
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## **COVER LETTER**

| то:             | Registration Se<br>Division of Cor |  |   |   |
|-----------------|------------------------------------|--|---|---|
| CHID ITA        |                                    | ST NE LLC                                    |   |   |
| SUBJE           | ∠1; <u></u>                        | Name of Limi                                 | ited Liability Company  |   |
| The encl        | losed Articles of                  | Amendment and fee(s) are sub                 | mitted for filing.  |   |
| Please re       | eturn all correspo                 | ndence concerning this matter                | to the following:   |   |
|                 |                                    | Jasmine Grayson                              |   |   |
|                 |                                    |  | Name of Person  |   |
|                 |                                    |  | Firm/Company  | <del></del>   |
|                 |                                    | 3225 McLeod Drive, Suite                     | 100   |   |
|                 |                                    |  | Address   | <del></del>   |
|                 |                                    | Las Vegas, Nevada 89121                      |   |   |
|                 |                                    | ra@andersonadvisors.com                      | City/State and Zip Code   |   |
|                 |                                    | •  | to be used for future annual report notif                           | ication)  |
| For furth       | ner information c                  | oncerning this matter, please ca             | all:  |   |
| Jasmine         | Grayson                            | ·  | 800 706-4741<br>at ()   | <del></del>   |
|                 | Name o                             | f Person                                     | Area Code Daytime   | Telephone Number  |
| Enclosed        | d is a check for th                | ne following amount:                         |   |   |
| <b>■ \$</b> 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,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2001 1125 11:09

1916 4TH ST NE 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 Co. Florida document number <u>L20000078161</u>  | mpany were filed on March 10th, 2020 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   | ed 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 ADDRE   |   |
|  |   |
|  |   |
| Enter new mailing address, if applicable:  | <del></del>   |
| (Mailing address MAY BE A POST OFFICE BOX)   |   |
|  |   |
|  |   |
| B. If amending the registered agent and/or registe   | ered office address on our records, enter the name of the new             |
| B. If amending the registered agent and/or registeredstered agent and/or the new registered office addre   | ered office address on our records, enter the name of the new             |
|  | · ————————————————————————————————————                                    |
|  | · ————————————————————————————————————                                    |
| registered agent and/or the new registered office addre  | ess here:   |
| registered agent and/or the new registered office address  Name of New Registered Agent:   | · ————————————————————————————————————                                    |
| registered agent and/or the new registered office address  Name of New Registered Agent:   | Enter Florida street address  |
| Name of New Registered Agent:  New Registered Office Address:  | Enter Florida street address  |
| Name of New Registered Agent:  New Registered Office Address:  | Enter Florida street address  |
| Name of New Registered Agent:  New Registered Office Address:  New Registered Office Address:  New Registered Agent's Signature, if changing Registered agent as provisions of all statutes relative to the proper and con accept the obligations of my position as registered agent agenty filed to merely reflect a change in the registered | Enter Florida street address  |
| Name of New Registered Agent:  New Registered Office Address:  New Registered Office Address:  New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent as provisions of all statutes relative to the proper and con accept the obligations of my position as registered age               | Enter Florida street address  |

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                          | RENTAL PROPERTY LLC     | 30 N GOULD ST, STE R |                |
|                              |                         | SHERIDAN, WY 82801   | ■ Remove       |
|                              |                         |                      | □ Change       |
| AMBR Benchmark Holdings, LLC | Benchmark Holdings, LLC | 1718 Capitol Ave.    | Add            |
|                              | Cheyenne, WY 82001      | Remove               |                |
|                              |                         |                      | Change         |
|                              |                         |                      |                |
|                              |                         | □ Remove             |                |
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|   |  |   |                            |  |
| E. Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in the document's effective date on the contract of the date inserted in the document's effective date. | e must be specific and cannot<br>iis block does not meet the | be prior to date of filin<br>applicable statutory | g or more than 90 days aft | tional)<br>er filing.) Pursuant to 605.0207 (3)<br>is date will not be listed as the |
| f the record specifies a delable.  b) The 90th day after the  |  | out not an effect                                 | ive time, at 12:01         | a.m. on the earlier of:  |
| Dated May 21  | 2020   |   |                            |  |
|   |  | -02   |                            |  |

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Typed or printed name of signee

Filing Fee: \$25.00