L20000109550

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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LAA. 11/19/20

COVER LETTER

TO:	Registration Se Division of Cor	ection porations ,		
CHDII	418 Holdin	gs LLC	, r	
3000		Name of Limit	ed Liability Company	
Tr.			in the letter	
		Amendment and fee(s) are subm		
Please	return all correspo	ondence concerning this matter to	o the following:	
		Douglas Ryan Porterfield		
			Name of Person	
		418 Holdings LLC		
			Firm/Company	
		30904 Saint Joe Rd.		
		*	Address	
		Dade City, Fl. 33525		
		Ryanporterfield@outlook.com	City/State and Zip Code	
		- ·	be used for future annual report no	tification)
For fu	rther information c	oncerning this matter, please cal	l:	
Dougl	as Ryan Porterfield	d	904 386-8407 at ()	
	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclos	ed is a check for the	he following amount:		
□ S2	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 Addres Registration S		Street Address: Registration So	ection

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

418 Holdings LEC		
(<u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on our reco ed Liability Company)	rds.)
The Articles of Organization for this Limited Liability Compa florida document number $\frac{1.20000109550}{1.20000109550}$.	ny were filed on 04/18/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
		200 Sel
he new name must be distinguishable and contain the words "Limited Lic	ability Company," the designation "LL	.C" or the appreviationLC."
Enter new principal offices address, if applicable:	30904 Saint Joe Rd.	
Principal office address MUST BE A STREET ADDRESS)	Dade City, Fl. 33525	9
		P
Enter new mailing address, if applicable:	30904 Saint Joe Rd.	. 19
Mailing address MAY BE A POST OFFICE BOX)	Dade City, FL, 33525	
s. If amending the registered agent and/or registered offic gent and/or the new registered office address here:	e address on our records, <u>ente</u>	r the name of the new regis
Name of New Registered Agent: Douglas Rya	n Porterfield	
New Registered Office Address: 30904 Saint I		
	Enter Florida street addre	(SN
Dade City		lorida <u>33525 </u>
	Cuy	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
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			Change

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ive date, if other than the	date of filing:		(optional) 0 days after filing.) Pursuant to 6

Meniature of a member or authorized representative of a member Douglas Ryan Porterfield Typed or printed name of signee

record is filed.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the