LZO 000147275

(Re	questor's Name)	
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COVER LETTER

TO: Registration Se Division of Cor		
SUBJECT:	Chergregory Hines, LLC Name of Limited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are submitted for filing.	
Please return all correspo	ndence concerning this matter to the following:	
	Chergregory Hines Name of Person	
	Chergreging Hines Lic	
	3781 NW 87th Wary	
	Coral Springs, FL 33065 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further information co	oncerning this matter, please call:	
Chergre gory	HINS at (305) 469-3936 Person Area Code Daytime Telephone Number	
Enclosed is a check for th	ne following amount:	
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of State Certified Copy (additional copy is enclosed)	us &

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

Street Address: 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

Chergregory H	pany as if now appears on our records.)
(A Florida Limite	d Liability Company)
The Articles of Organization for this Limited Liability Compar	ny were filed on and assigned
Florida document number <u>L20000147275</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lis	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Coral springs, FL. 33065
(Principal office address MUST BE A STREET ADDRESS)	Coral springs, FL. 33065
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	T. S
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the name of the new registered
	A PORT
Name of New Registered Agent:	
New Registered Office Address: 37	81 MW 87th Web :: Enter Florida street address
Cerr	al Spnny , Florida 33/47 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>	<u>Address</u>	Type of Action
MGR	Chergregory Hines	3781 NW 87th Way	LilAdd
		3781 NW 87th Way Corai Springs, FL 33065	□Remove
			□Change
			□Add
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Tective date.	f other than the date of filing:s listed, the date must be specific and cann		(opt	ional)
an effective date ote: If the date	inserted in this block does not meet t	ot be prior to date of thin the applicable statutor	g or more than 90 days and y filing requirements, th	er immg.) Pursuant to 605.020 iis date will not be listed as
	tive date on the Department of State's			
•	a delayed effective date, but not an el	ffective time, at 12:01	a.m. on the earlier of: (b) The 90th day after the
is filed.				
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