L20000247993

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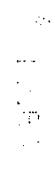




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COVER LETTER

TO: Registration So Division of Co			
CDH Real			
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Daniel Hicks, Esq.		
		Name of Person	
	Daniel Hicks, P.A.		
		Firm/Company	
	421 S. Pine Avenue		
		Address	-
	Ocala, FL 34471		
	weclose2@danielhickspa.c	City/State and Zip Code	
	E-mail address: (to be used for future annual repo	rt notification)
For further information c	oncerning this matter, please c	all:	
Daniel Hicks		352 351-33	
Name o	f Person	at () Area Code D	aytime Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Addre	
Registration S Division of C		Registration Division of	n Section Corporations
P.O. Box 632			of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CDH Realty, LLC	
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	Company were filed on August 13, 2020 and assigned
Florida document number L20000247993	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ited liability company here:
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C!"
Enter new principal offices address, if applicable:	2022
(Principal office address MUST BE A STREET ADDR.	NESS) E
	1 1
	A A A A A A A A A A A A A A A A A A A
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, enter the name of the new regis
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Floridu 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	Brent Hicks	421 S. Pine Avenue, Ocala, FL 34471	= Add
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Effective date, if other than the fan effective date is listed, the date must be a listed. If the date inserted in this blocument's effective date on the D	t be specific an ock does not	nd cannot be prio meet the appli	cable statutory			.) Pursuant to 605	
record specifies a delayed effectiv d is filed.	e date, but no	ot an effective	time, at 12:01 a	.m. on the earl	ier of: (b) Ti	he 90th day afte	r the
November 1		2023	·				
		(_(\ust	Th.				
	Signature of a	member or auti	norized represent	ative of a memb	er		