L20000250660

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

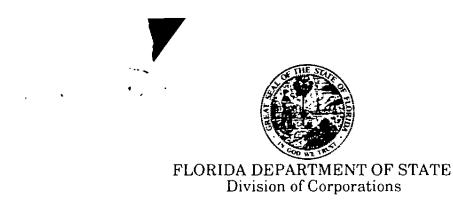




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10/02/20--01013--009 **\$2.50





November 16, 2020

CARRIE A HERBERGER 2733 TANYA TERRACE JACKSONVILLE, FL 32223

SUBJECT: CH REALTY INVESTMENTS, LLC

Ref. Number: L20000250660

We have received your document for CH REALTY INVESTMENTS, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PROFIT BENEFIT CORPORATION, but your entity is a LIMITED LIABILTY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 620A00022443

Rebekah White Regulatory Specialist II Supervisor

* Change name of Corporation

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: CH Realty Investm	ents, LLC		_		
	BER:			_		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corre	espondence concerning this ma	tter to the following:				
	Carrie A. Herberger					
Name of Contact Person						
Firm/ Company						
2733 Tanya Terrace						
		Address		 		
	Jacksonville, FL 32223					
		City/ State and Zip Code	2			
isit	fridayyet@comcast.net					
	E-mail address: (to be used for future annual	report notification)			
For further information	on concerning this matter, pleas	se call:				
Carrie A. Herberger		904 at (386-7421 de & Daytime Telephone N			
Name	of Contact Person	Area Coo	de & Daytime Telephone N	vumber		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:			
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	■\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	CK# 5802		

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARTICLES OF (ORGANIZAT	ION	
)F	î	15 10:20
(Name of the Limited Liability Comp (A Florida Limited		on our record	, LLC <u>ds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2000250</u> 66		128/2	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liable and contain the words "Limited Liab			" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	 	. <u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our re	cords, <u>enter</u>	the name of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Flori	da street addre.	25.5
		, FI	lorida
	City		Zıp 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
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			[]Add
			□Remove
			Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (optional) E. Effective date, if other than the date of filing: _ (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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 record is filed. Typed or printed name of signee