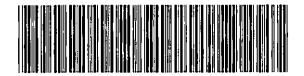
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| (Req | uestor's Name) | |
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| PICK-UP | MAIT | MAIL |
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| (Bus | iness Entity Nar | me) |
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| Certified Copies | Certificate | s of Status |
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| Special Instructions to F | iling Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration S Division of Co | | | • | | | |
|--------------------------------------|--|---|--|--|--|--|
| | use Consulting, LLC | | | | | |
| SUBJECT: | Name of Lim | ited Liability Company | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | | | |
| Please return all correspondent | ondence concerning this matter | to the following: | | | | |
| | Casey J. Martin | | | | | |
| | | Name of Person | | | | |
| | CHapterhouse Consulting, | LLC | | | | |
| | Firm/Company | | | | | |
| | 967 Zambrana St, SE | | | | | |
| | Address | | | | | |
| | Palm Bay, FL 32909 | | | | | |
| | | City/State and Zip Code | | | | |
| | caseyjoelmartin@gmail.cor | n to be used for future annual report noti- | fication) | | | |
| For further information | concerning this matter, please c | | | | | |
| Casey Martin | | 407 777-7354 at () | | | | |
| Name | of Person | Area Code Daytim | e Telephone Number | | | |
| Enclosed is a check for | the following amount: | | | | | |
| □ \$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 Addre Registration | | <u>Street Address:</u> Registration Se | ction | | | |
| Division of 0 | Corporations | Division of Cor | porations | | | |
| P.O. Boy 63 | 27 | The Centre of 1 | lallahassee | | | |

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

굺

| Chapterhouse Consulting, LLC | | 5 TI |
|--|---|------------------------------|
| (<u>Name of the Limited Liabil</u> (A Florid | ity Company as it now appears on our records.) a Limited Liability Company) | |
| The Articles of Organization for this Limited Liability Organization for this Liabilit | | 25 and assigned 3 |
| A. If amending name, enter the new name of the lim | ited liability company here: | |
| The new name must be distinguishable and contain the words "Lin Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDI | | r the abbreviation "L.1C." |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here: | d office address on our records, <u>enter the</u> | e name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Emer Florida street address | |
| | . Flori | da |
| | 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 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 |
|--------------|-----------------|--|----------------|
| AMBR | Casey J. Martin | 967 Zambrana St, SE, Palm Bay, FL, 32909 | ■Add |
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Page 2 of 3

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| n effective date i <u>ste:</u> If the date | f other than the listed, the date me inserted in this litve date on the | ust be specific a block does not | nd cannot be t meet the a | pplicable statu | filing or more | than 90 days | ptional) Her filing.) Pu this date wil | rsuant to 605.02 I not be listed |
| record spec The 90th da | cifies a delaye y after the re | ed effective cord is filed | date, bu i. | t not an eff | fective time | e, at 12:0 | 1 a.m. on | the earlier |
| ed <u>Sept</u> | 22 | Signature of | 209 | 20 20 authorized repr | fresentative of a | member | | |
| | |) CISEU | | Martin printed name o | | | | |

Page 3 of 3

Filing Fee: \$25.00