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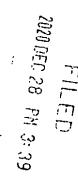
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Special Instructions to	Filing Officer:	

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COVER LETTER

Division of Cor	rporations		
SUBJECT:	OE 11972E TAVA Name of Lim	ERN, LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MICHELE T	7-17: 77: 17:5 Name of Person	
	CANE HAZE	Firm/Company	·· <u> </u>
	950 7/11/11/11/11	1 TRAIL UID 17 (Address	<u> </u>
		City/State and Zip Code	
	adin in cflc E-mail address: (t	vida hoos evento no be used for future annual report no	estarce com
For further information c	oncerning this matter, please ca	all:	
<i>[Y] 10 F1& LE</i> 7 Name o	HO MIF- f Person	at (<u>941</u>) 830 Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne 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)

TO:

Registration Section

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

CHPE HAZE TINERALLIC

(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on d Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Compar	ny were filed on <u>10</u>	28-2626 and assigned	
Florida document number <u>1-2,0006 342561</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ibility company here:		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the design	ation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
		F11_2020 DEC 28	
Enter new mailing address, if applicable:		2 7	
Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	e address on our record	ds, enter the name of the new registere	₫
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida st	reet address	
		Florida	
Designated Associated Changes (C. L. 1987)	City	Zip Code	
v Registered Agent's Signature, if changing Registered Agen			
reby accept the appointment as registered agent and ag	gree to act in this capa	city. I further agree to comply with the	,

visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ig filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

pany 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

Title	<u>Name</u>	Address	Type of Action
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tive date, if other th	an the date of fi	ling: 1.2 -	14 - 2000 r	,(optio	mal)
flective date is listed, the	late must be specific	and cannot be prio	r to date of filing or i	nore than 90 days after.	filing.) Pursuant to 605.020 date will not be listed a
ment's effective date o	the Department	of State's record:	cable statutory mi S.	ng requirements, this	date will not be listed a
	effective date, but	not an effective	time, at 12:01 a.m	on the earlier of: (b)	The 90th day after th
filed.					
1 10 .72 - 4	(* *)	0 - 0 0			
14-75-3	C. C.C.	_ <u> </u>	·		
1 <u>12-23-3</u>					
	Signature o	fa member or auth	norized representativ	e of a member	

Filing Fee: \$25.00