## KZ1 000 147790

(Requestor's Name)  (Address)  (Address)	900370012
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL	07/22/210100901
(Business Entity Name)  (Document Number)	,
Certified Copies Certificates of Status  Special Instructions to Filing Officer:	
Office Use Only 5. C.	



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## , COVER LETTER

TO:

TO: Registration Section Division of Corporations					
SUBJECT: <u>Chamb</u>	portand LL	6			
SUBJECT:	Name of Limited Liab	ility Company		<del></del>	
The enclosed Articles of Amendment	and fee(s) are submitted for	or filing.			
Please return all correspondence conc	erning this matter to the fo	llowing:			
<u>Co</u>	ourtney D.	Hutch is	on, Esign.	_	
_ []	utchison F	Law, PA	<u></u>	<del></del>	
	00 5th Ave				
100	ples FL 3	tate and Zip Code			
	Chutch(a E-mail address: (to be use	gohutch d for future annual report	law. Wr.	<u>~</u>	
For further information concerning the				,	$\bigcirc$
Courtney Huy	chison	at ( <u>239</u> ) <u>33</u> Area Code Da	0 - 190 Aytime Telephone Nu	ımber :	
				> <u>_</u>	
Enclosed is a check for the following	amount:			₩ 2	
, ,	ificate of Status	55.00 Filing Fee & Certified Copy additional copy is enclosed)	Cert Cert	00 Filing <del>Le</del> c, tificate of Status & tified Copy itional copy is enclosed)	
Mailing Address: Registration Section		Street Addres Registration			
Division of Corporation	าร	Division of	Corporations		
P.O. Box 6327 Tallahassee, FL 32314			of Tallahassee onroe Street, Su s, FL 32303	ite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Chamberland, L			
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>LZ1000147790</u>	were filed on 3/30/21	and assigned	i
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil			
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2900 NE 12+ T Unit 17 Oakland Park, S	errace -L 33334	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7900 NF 12th Unit 17 Oakland Park, 1		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the na	me of the new reg	stered
Name of New Registered Agent:		. 3 :	<del></del>
New Registered Office Address:	Enter Florida street address	<del></del>	34 UR
	, Florida _	Zin Code	<del>_</del>

## 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>	Name	Address	Type of Action
** <u> </u>			
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f an effective date is Note: If the date	f other than the d is listed, the date must be inserted in this block tive date on the Dep	be specific and car ck does not mee	nnot be prior to t the applicab	date of filing or r le statutory filin	more than 90 c ng requireme	lays after f	iling.) Pursi	uant to 605.0 not be listed	)207 1 as '
record specifies d is filed.	a delayed effective	date, but not an	effective time	e, at 12:01 a.m.	on the earli	er of: (b)	The 90th	ı day after t	the
Dated	My 20		2021	 ///					
		Signature of a mer	nhor or authori	zed representativ	e of a member	r		<del></del>	