

121000257737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

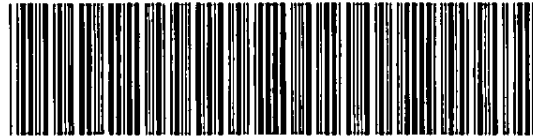
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Daytona Beach • DeLand

149 South Ridgewood Avenue, Suite 700  
Daytona Beach, Florida 32114  
(386) 255-8171  
CobbCole.com

OF COUNSEL  
Larry D. Marsh  
Frederick B. Karl, Jr.

RETIRED  
Thomas S. Hart

William M. Cobb  
(1881-1939)  
Thomas T. Cobb  
(1916-2001)  
W. Warren Cole, Jr.  
(1926-2008)

March 23, 2022

**VIA FEDERAL EXPRESS**

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

Re: Cherry Hill Lives, LLC

Dear Sir/Madam:

Cherry Hill Lives, LLC is changing its name to Cherry Hill Holdings, LLC. Cherry Hill Lives, LLC and Cherry Hill Holdings, LLC releases the time restriction on the name Cherry Hill Lives, LLC so that a new entity, Cherry Hill Lives, LLC can use that exact same name.

Additionally, enclosed please find the Articles of Amendment to Articles of Organization for Cherry Hill Lives, LLC changing the name to Cherry Hill Holdings, LLC and the filing fee of \$25. Also, included is the Articles of Organization for the new LLC, Cherry Hill Lives, LLC and the Designation of Registered Agent along with their filing fee of \$125.

Please find enclosed our check for \$150 for the above filings.

If you have any questions, please call me directly at (386) 323-9247. Thank you.

Sincerely,

A handwritten signature in black ink that reads "Nancy Prasse".

Nancy Prasse,  
Assistant to John P. Ferguson, Esq.  
Direct Dial (386) 323-9247  
Email [Nancy.Prasse@CobbCole.com](mailto:Nancy.Prasse@CobbCole.com)  
Telecopier (386) 323-92063310

Cc: Cherry Hill Holdings, LLC

### COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CHERRY HILL LIVES, LLC**  
\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nancy Prasse  
\_\_\_\_\_  
Name of Person

Cobb Cole, P.A.  
\_\_\_\_\_  
Firm/Company

149 S. Ridgewood Ave., Suite 700  
\_\_\_\_\_  
Address

Daytona Beach, FL 32114  
\_\_\_\_\_  
City/State and Zip Code

634jam7@gmail.com  
\_\_\_\_\_  
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

William Rice  
\_\_\_\_\_  
Name of Person

386 323-9250  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime 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 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

FILED

2022 MAR 25 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE, FL.

CHERRY HILL LIVES, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/21/2021 and assigned Florida document number L21000287737.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CHERRY HILL HOLDINGS, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

28 Brecken Ln.  
Palm Coast  
FL 32137

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida 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 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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

