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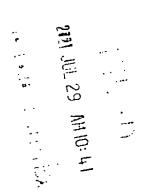
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COVER LETTER

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

7594 Chanc SUBJECT:	ellor Drive, LLC		
_	Name of Limi	ted Liability Company	
The enclosed Articles of a	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Hannah G. Kitz		
		Name of Person	
	Lukins & Annis P.S.		
		Firm/Company	
	717 W Sprague Ave. Suite	1600	
		Address	
	Spokane, WA 99201		
		City/State and Zip Code	
	hkitz@lukins.com		
	E-mail address: ()	to be used for future annual repor	t notification)
For further information c	oncerning this matter, please ca	all:	
Hannah G. Kitz		509 623-200 at ()	05
Name o	f Person	Area Code D	aytime Telephone Number
Enclosed is a check for the	he 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 Addres		Street Addre	
Registration Division of C		Registratio Division of	n Section Corporations
P.O. Box 633			of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7594 Chancellor Drive, LLC		
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our recorded Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Compa	ny were filed on 07/20/2021	and assigned
Florida document number L21000328795		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		2791 JU
Mailing address MAY BE A POST OFFICE BOX)		- 2
		-
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	ce address on our records, <u>enter</u>	r the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	288
		lorida
	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
MNG	See I. Below	PO BOX 4186. Spokane, WA 99220, US	≡ Add
		George Hansen	Remove
			□Change
MNG	See 2. Below	711 S. Carson St. Ste. 4, Carson City, NV, 89701, U	S ≣Add
		Joseph Hansen	= Remove
			□Change
			□ Add
			Gremove Ulinange
			□ Ādd □ □ Rēmove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

2. JDH Capital LLLP, a New	vada limited liability partnership		
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If the date inserted in this b	e date of filing: or/20/2021 ast be specific and cannot be prior to date of fillock does not meet the applicable statute Department of State's records.	(option or more than 90 days after ory filing requirements, this	filing.) Pursuant to 60
ord specifies a delayed effecti îled.	ve date, but not an effective time, at 12:0	01 a.m. on the earlier of: (b) The 90th day afte
July 20.	<u>2021</u>		
	Signature of a member or authorized repre		

Filing Fee: \$25.00