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## **COVER LETTER**

Registration Section Division of Corporations

TO:

Christine C	Chamberlin 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:				
	Jerome C Wells					
		Name of Person				
	Wells & Company Accour	ntants and Consultants, LLC				
		Firm/Company				
	25055 Oak Hammock Cou	rt				
		Address	-			
	Punta Corda, FL 33955					
	<del></del>	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·			
	jerry@wellstax.com					
	E-mail address: (	to be used for future annual report not	ification)			
For further information c	oncerning this matter, please c	all:				
Jerome C Wells		612 387-0278 at ()				
Name of Person		Area Code Daytin	ne Telephone Number			
Enclosed is a check for the	ne following amount:					
■ S25.00 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 Registration S		<u>Street Address:</u> Registration Se	ection			
Registration Section Division of Corporations		Division of Co	Division of Corporations			
P.O. Box 632		The Centre of				
Tallahassee, l	TL 32314	2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Christine Chamberlin 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 Oct 22, 2021 \_\_\_ and assigned Florida document number L21000460204 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) 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 registere agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Christine A Chamberlin	14001 Black Beauty Dr., Punta Gorda, FL 33955	<b>=</b> Add
			□Remove
			□Change
MGR	Jerome C Wells		□Add
		25055 Oak Hammock Court, Punta Gorda, FL 33955	≣Remove
			□Change
	<u>.</u>	<del></del>	□Add
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Typed or printed name of signee