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(Re	equestor's Name)	
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Certified Copies	_ Certificates	of Status
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C. BRUMBLEY
JUN 1 7 2022

COVER LETTER

TO: Registration So Division of Con					
First Chair					
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Chance Rueger				
		Name of Person	· · · · · · · · · · · · · · · · · · ·		
	First Chair Partners				
		Firm/Company			
	P.O. Box 644490				
		Address	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Vero Beach, FL 32963				
		City/State and Zip Code			
	sots@dowling.com				
For further information of	E-mail address: (oncerning this matter, please c	to be used for future annual report no all:	tification)		
Chance Rueger		860 676-8600 at ()			
Name o	f Person	Area Code Daytii	me Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address: Registration Section		Street Address: Registration S	ection		
Division of C		Division of Corporations			
P.O. Box 632		The Centre of			
Tallahassee.	t L うとう 14	2415 N. Monre	oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

First Chair Partners		
(<u>Name of the Limited Liabilit</u> (A Florida	v Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 12/23/2021	and assigned
Plorida document number 1.22000002551	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
First Chair Partners VI, LLC		
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2
Principal office address MUST BE A STREET ADDR	ESS)	322
		PR —
		25
Enter new mailing address, if applicable:		100 P M
Mailing address MAY BE A POST OFFICE BOX)		
Planting war and Part 1 100 1111 1111 1111 11111		735 53
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter th</u>	e name of the new registered
NI CNI DIL JA		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	t.nter r tortaa street address	
	, Flori	da Zip Code
	ϵw	гар Соае

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
 		-	□Add
			□Remove
			□Change
			□Add
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ne record spec ord is filed.	rifies a delaye	ed effective d	late, but not	an effective	time, at 12:0	H a.m. on the	e earlier of: (t) The 90th c	lay after the
	April	20_	 	2023	<u>L</u> .				
Dated		/1/	_						
Dated		_//	21			sentative of a r	 :		

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Filing Fee: \$25.00