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| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bu: | siness Entity Nar | ne) |
| (Do | cument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to I | Filing Officer: | |
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SECRITARY OF STATE

COVER LETTER

| | | istration Sec ision of Corp | | | |
|-----------------|-------------------|--|--|---|---|
| SUBJEC | ЭΤ. | Chestnuts W | ay LLC | | |
| SUBJEC | -l; | | Name of Lim | nited Liability Company | • |
| | | | | | |
| The encle | osed | Articles of A | Amendment and fee(s) are sub | omitted for filing. | |
| Please те | turn | all correspor | ndence concerning this matter | to the following: | |
| | | | Jill Finkle | : | • |
| | | | | Name of Person | |
| | | | Chestnuts Way LLC | | |
| | | | | Firm/Company | • |
| | | | 8318 Hawks Gully Avenue | c . | |
| | | | | Address | |
| | | | Delray Beach, Fl 33446 | | |
| | | | AndrewDFinkle@gmail.com | City/State and Zip Code | : |
| | | | E-mail address: (| to be used for future annual report notification) | |
| For furth | ier in | formation co | oncerning this matter, please ea | all: | |
| Jill Finkl | lc | | | 561 542-2085 at () | |
| Name of Person | | Person | Area Code Daytime Telephone Number | | |
| Enclosed | l is a | check for the | e following amount: | • | |
| ≅ \$25.0 | 00 F | iling Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) | - |
| | Reg Div P.O | ling Address gistration S rision of Co b. Box 6327 lahassee, F | ection orporations 7 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 FL Tallahassee, FL 32303 | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Chestnuts Way LLC. | | <u> </u> |
|---|--|---------------------------------------|
| (Name of the Limited Liability C (A Florida Lin | ompany as it now appears on our records.) nited Liability Company) | |
| e Articles of Organization for this Limited Liability Com | pany were filed on January 8, 2022 | and assigned |
| orida document number L22000018317 | · , — · · · · | ▼ * |
| is amendment is submitted to amend the following: | | • |
| | Habilita aanna bara | |
| If amending name, enter the new name of the limited | nability company nere: | · |
| new name must be distinguishable and contain the words "Limited | Liability Company," the designation "LLC" or the | ne abbreviation "L'L.C." |
| ter new principal offices address, if applicable: | | .' |
| rincipal office address MUST BE A STREET ADDRES | · · · · · · · · · · · · · · · · · · · | • |
| | | |
| | | • |
| ter new mailing address, if applicable: | | · . |
| failing address MAY BE A POST OFFICE BOX) | | · : |
| | | <u>.</u> |
| If amending the registered agent and/or registered of | Tice address on our records, enter the r | name of the new register |
| ent and/or the new registered office address here: | , | · · · · · · · · · · · · · · · · · · · |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | <u>.</u> |
| | | • |
| | , Florida | |
| w Registered Agent's Signature, if changing Registered A | • | Zip Code |
| | | agree to comply with |

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> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|-------------|-------------------------|-------------------|
| GEO | Jill Finkle | 8318 Hawks Gully Avenue | ≣ Ądd |
| | | Delray Beach, FL 33446 | □Remove |
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| f amending any other | - | Mag · · | • | , , | | |
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| ffective date, if other t | han the date of | January 1, | , 2023 | | 1. | |
| on effective date is listed, the ote: If the date inserted ocument's effective date | e date must be speci in this block does | ific and cannot be prions of meet the apple. | icable statutory filing | (option ore than 90 days after fig g requirements, this o | ling.) Pursuant to (| 505.020 isted a |
| record specifies a delayed is filed. | l effective date, b | out not an effective | time, at 12:01 a.m. o | on the earlier of: (b) | | |
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| AW. | Signature | re of a member or aut | horized representative of | of a member | PH 4: 48 OF STATE SEE: FL | |