LZZ 000038307

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
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T. MATTHEWS APR 19 2022

COVER LETTER

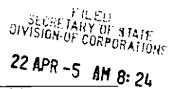
ГО:	Registration Sec Division of Corp				
SUBJE		CHAIRSPOT LLC	*	,	1
ODJE.		Name of Limit	ted Liability Company		
The end	closed Articles of A	Amendment and fee(s) are subn	nitted for filing.		
		idence concerning this matter t			
			DANA MCEWAN		
			Name of Person		
			THE CHAIRSPOT LLC	:	
			Firm/Company		
			9747 ELAINE RD		
		<u> </u>	Address		
		JACI	KSONVILLE, FL 32246		
			City/State and Zip Code		
		E-mail address: (to	o be used for future annual re	eport notification)	
For fun	ther information co	oncerning this matter, please ca	.11:		
DANA	. MCEWAN		904 at ()	704-7957	
	Name of	Person	Area Code	Daytime Telepho	one Number
Enclose	ed is a check for th	e following amount:			
≡ \$2:	5.00 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE CHAIRSPOT LLC



(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 01/18/2022 The Articles of Organization for this Limited Liability Company were filed on and assigned L22000038307 Florida document number 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) N/A 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: DANA MCEWAN Name of New Registered Agent: 9747 ELAINE RD New Registered Office 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.

City

JACKSONVILLE

Daradi Mr Evan.

Enter Florida street address

. Florida

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
			Remove
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			🗀 Remove
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			□Change

	All other officers remain the same
-	as office of the state
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E ffeet	tive date, if other than the date of filing: 3 3 2 2 (optional)
lf an ef Note:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
e reco ord is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Datad	3130122 Oara J. Mc Evan- Signature of a member or authorized representative of a member A Day Y. Mc Ewan

Typed or printed name of signee