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2023 AUG 28 PH 2: 32

Y. SCOTT SEP 16 2023

COVER LETTER

TO: Registration Sec Division of Corp		,		
SUBJECT:	Chris Godsi	hall Realty LL ited Liability Company	C .	
	Name of Limi	ited Liability Company		
	Amendment and fee(s) are sub-			
Please return all correspon	ndence concerning this matter	to the following:		
		Chris Godsha. Name of Person	//	
		Firm/Company		91 VIS 2023
	19825	Hiawatha Rd Address		SECRETARY OF SIALE DIVISION OF CORPORATIONS 2023 AUG 28 PM 2: 32
		Ac55a FL 335	56	ORPORATIONS PM 2: 32
	10	City/State and Zip Code Mashall and Janail. Can to be used for future annual report not	OM	110KS
Phri	oncerning this matter, please ca	at (<u>8/3</u>) 39	4-9263	
Name of	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for th	ne 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 Certificate o Certified Co (additional cop	f Status & py
N 4.49		Canada 4.13		
Mailing Address: Registration Section		<u>Street Address:</u> Registration Se	ection	
Division of C	orporations	Division of Co	rporations	
P.O. Box 632	7	The Centre of	Fallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Chris 190	Idshall Realty LLC	
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	410	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	19875 Hiawatha K	Pd
Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX)	Odessa, FL 3355	SECRETARY OF CORP
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name	of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	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
			□Add
			☐ Change
			□Add
			□Remove
			Change
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			SECRETARY OF STATE OF VIEWON OF BERPORETIONS 2023 AUG 28 PH 2:33
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Page 2 of 3

							
							
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e: If the date inse	her than the date of ed, the date must be spec- creted in this block doed date on the Department	es not meet the app	plicable statuto	ng or more than 90 ry filing requiren	(optional days after filing tents, this date	) g.) Pursua e will no	ant to 605,020 of be listed a
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Page 3 of 3