122000047782

(F	Requestor's Name)
A)	ddress)
Α)	ddress)
(C	City/State/Zip/Phone #)
PICK-UP	MAIL MAIL
(E	Business Entity Name)
(E	Occument Number)
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Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer





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10/28/24--01019--009 **25.00

STORE THAY OF STATE

COVER LETTER

TO: Registration Section Division of Corporation	rations		
SUBJECT:	4 Meeting	15 LLC	
Source 1.	Name of Livi	ited Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Christin	Pe Hamilton Name of Person	
	CLH M	Peetings LCC Financompany	
	2287	Kamin Drive	
		Address	
	Melbour	ne FL 32 City/State and Zip Code	940
	1 4 Mesta	City/State and Zip Code 95 @ 9 Mail, Com	
-	E-mail address: (to be used for future annual report notific	ation)
For further information conc	erning this matter, please ca	alt:	
Christine F	tamilton	at (410) 726-	- 5096
Name of Pe	rson	Area Code Daytime	l'elephone Number
Enclosed is a check for the f	ollowing amount:		
区\$25.00 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:		Street Address:	2524 CH Seine Tail
Registration Sec	tion	Registration Sect	ion 🛅 🖺

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C'LH IV	leetings LLC
(Name of the Limited	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)
The Articles of Organization for this Limited Lia Florida document number <u>L220000</u> 4	bility Company were filed on 1-26-2022 and assigned 2182
This amendment is submitted to amend the follow	wing:
A. If amending name, enter the new name of t	the limited liability company here:
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:
(Principal office address MUST BE A STREET	'ADDRESS)
	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE B	(OX)
•	
agent and/or the new registered office address	gistered office address on our records, enter the name of the new registered there: (NGE) Christine Hamilton 2287 Kamin Drive
New Registered Office Address:	2287 Kamin Drive
	Enter Florida street address Melbourne, Florida Zip Code
New Registered Agent's Signature, if changing Re	,
provisions of all statutes relative to the proper accept the obligations of my position as regist	If Changing Registered Agent, Signature of New Registered Agent
	(SAME PERSON - NAME IS CHANGED FROM CHRISTINE CECIL TO

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>	Name		<u>Address</u>				Type of Acti	<u>on</u>
MGR	Christine	Hamilton	2287	Kai	nIn	Drive	□Add	
	(Christine 15 Now	Hamilton Cecil Christine Hamilton)	Melbou	1/he	FL	32940) □Remove ☑Change	
		Hamilton						CHANGE,
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