

L22000047782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

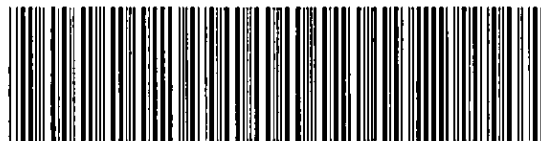
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



400438666454

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

FILED

2024 OCT 28 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLH Meetings LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christine Hamilton

Name of Person

CLH Meetings LLC

Firm/Company

2287 Kamin Drive

Address

Melbourne FL 32940

City/State and Zip Code

CLHMeetings@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christine Hamilton

Name of Person

at (410) 726-5096

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2024 OCT 28 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CLH Meetings LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 1-26-2022 and assigned
Florida document number L22000047782

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)

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:

(SAME PERSON W/ NAME CHANGE)

Name of New Registered Agent:

Christine Hamilton

New Registered Office Address:

2287 Kamin Drive

Enter Florida street address

Melbourne

Florida

32940

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.

CH Hamilton

If Changing Registered Agent, Signature of New Registered Agent

(SAME PERSON - NAME IS CHANGED
FROM CHRISTINE CECIL TO
CHRISTINE HAMILTON)

FILED
JAN 28 PM 3:00
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF BROWARD
FLORIDA

[illegible]

[illegible]

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 9 October 24 2024

Chet Coal
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Christine Cecil

Typed or printed name of signee

(NAME CHANGE FROM CHRISTINE CECIL TO CHRISTINE HAMILTON)

OFFICE OF STATE
CLERK

2024 OCT 28 PM 3:00

77