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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514 ; (727)442-1200 Phone

Fax Number : (727)443-5829

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CHANCEY ROAD TOWNS, L.L.C.

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ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

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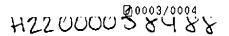
CHANCEY ROAD TOWNS, L.L.C. (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited L	lability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number (1.22000055471)	were filed on 02/01/2022	and assigned
This amendment is submitted to amend the following:		
Chis 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 "LLC." 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		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "L	LC" 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:		
[Maining address WAT BE A POST OFFICE BOA]		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	dress
		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>	Name	Address	Type of Action
MGR	Richard Sacchi	1409 Tech Boulevard, Suite I	□Add
		Tampa, FL 33619	Remove
			□ Change
			DAdd
			Remove
			O Add CT
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Effective date, if other than the If an effective date is listed, the date must Note: If the date inserted in this blo	he specific an	id cannot be orig	or to date of fili	ng or more than	(options 90 days after fill	ing.) Pursuant to	505.0207 () listed as th
document's effective date on the De	partment of	State's record	icable statutor	y ming requi	emena, ans o	ate with the de	
ne record specifies a delayed effective ord is filed.	date, but no	ot an effective	time, at 12:0	l a.m. on the e	ar lier of: (b)	The 90th day a	iter the
Dated February 14		2022					
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<i>}//</i> c							
Men 5	signature of a	member or au	thorized represe	entative of a me	mber		