NR 000060978

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T. MATTHEWS

JUN - 3 2022

COVER LETTER

TO:

	istration Se sion of Cor			
CHB IPAT.		rings Land 2, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fcc(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		L. Tyler Yonge		
			Name of Person	
		Drummond Wehle Yonge	LLP	
			Firm/Company	
		6987 East Fowler Avenue		
			Address	
		Tampa, Florida 33617		
			City/State and Zip Code	
		tyler@dwyfirm.com		
		E-mail address: (to be used for future annual report no	otification)
For further in	formation c	oncerning this matter, please co	all:	
L. Tyler Yon	ge		813 983-8000 at ()	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling 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)
	ling Addres		Street Address: Registration S	ection
Div	ision of C	orporations	Division of Corporations	
). Box 632 Iahassee, I		The Centre of	
1 21	ianassee. I	L 34314	24 LO IN. IVIONI	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIVISION OF CORPORATIONS

22 APR 21 AM 9: 55

Crystal Springs Land 2, 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 L Florida document number L22000060978	iability Company	were filed on	February 15, 2022	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liabi	lity company	here:	
The new name must be distinguishable and contain the v	vords "Limited Liabili	ty Company," th	ne designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter now mailing address if applicables				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	ROY)		·	
induing undress MAT BE AT OST OTTICE	<u>ΒΟΛΙ</u>			
B. If amending the registered agent and/or ragent and/or the new registered office address Name of New Registered Agent:	*.*		r records, <u>enter the na</u>	me of the new registered
New Registered Office Address:	6987 East Fowle	r Avenue		
	Enter Florida street address			
	Tampa		, Florida ³	33617 Zip Code
Nam Basistanad Amerika Signatura if alcansing l	Desistant Laure.	City		Zip Code
New Registered Agent's Signature, if changing I				1 2.1 1
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regibeing filed to merely reflect a change in the company has been notified in writing of this	er and complete _l stered agent as p registered office (performance rovided for i	of my duties, and I an n Chapter 605, F.S. O	n familiar with and r, if this document is
	if Chan	ging Registered	Agent, Signature of New F	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	Hector A. Serrano	PO BOX 1262	□Add
		Crystal Springs, Florida 33524	
		<u> </u>	■Change
			□Add
			□Remove
		 	Change
			🗆 Add
		·	Remove
			□Change
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		 	Remove
		 	□Add
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			□Change
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			□Remove
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	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	e date, if other than the date of filing:
the record ford is file	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 d.
Dated _	April 18th . 2022
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00