L22000065025

(Reques	stor's Name)	
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FILLED 2022 FEB 28 AM 6: 32 SECRETARY OF STATE

A. BUTLER MAR 1 1 2022

COVER LETTER

TO:	Registration Sec Division of Corp				
	477 Hutchir	ns LLC			
SUBJE	CT:	Name of Limi	ted Liability Company		
	1	Ad and foo(a) are sub-	nitted for filing		
		Amendment and fee(s) are sub- ndence concerning this matter t			
	·	Andrew Wegesin			
		Andrew Wegeshi	Name of Person		
			Firm/Company	- -	
		5720 Autumn Fern Circle			
			Address		
		Sarasota, FL 34238			
		andy.wegesin@gmail.com	City/State and Zip C	Code	
			to be used for future an	nual report notific	cation)
For furt	her information c	oncerning this matter, please co	all:		
Andrev	w Wegesin		614 at (588-6800	
	Name o	f Person	Area Code	Daytime	Telephone Number
Enclose	ed is a check for t	he following amount:			
□ \$25	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Certified Cop (additional copy	у	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Reg	et Address; gistration Sec	
	Division of C P.O. Box 632	Corporations		vision of Corp Centre of Ta	
	Tallahassee,				Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

477 Hutchins LLC

2022 FEB 28 AM 6: 33

(Name of the Limited Liability Compan	v as it now appears on our record	S. D. C. O. C.
(Name of the Limited Liability Compan (A Florida Limited Li	ability Company)	TO EUNE JAKY OF STATE
	2 <i>1</i> 7122	TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Company v	vere filed on 211122	and assigned
Florida document number L22000065025		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
Chamberlain Investments LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5720 Autumn Fern Circle	
(Principal office address MUST BE A STREET ADDRESS)	Sarasota, FL 34238	
Timesput Office duaress nices 227. 227.		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		_
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre.	ss
	E	arida
	City	orida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, a provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is

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
			□Remove
		 	□ Change
			Change
			Remove
			Change
		□Remove	
		□Remove	
			[]Change
			□Add
			□Remove
			□Change

, which	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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 Effectiv	date, if other than the date of filing:
Note: 1	date, if other than the date of filing:
record d is file	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated _	oruary 24th
	11 116 -
	Signature of a member or authorized representative of a member
	Andrew Wegesin

Filing Fee: \$25.00