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T. MATTHEWS MAY 1 6 2022

## **COVER LETTER**

Division of Cor			
subject: <u> </u>	rley 3 LLC Name of Lim	ited Liability Company	·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Chester Har	1CY TT Name of Person	<u> </u>
		Firm/Company	
	3630 Cler	mont St, Address	
	Fort Myer	City/State and Zip Code  City/State and Zip Code  Comail Com  To be used for future annual report notice	<u>,</u>
	Cheste Charley 11	lo be used for future annual report not	fication)
For further information c	oncerning this matter, please ca	all:	
Chester F Name o	f Person	at (239) 240 Area Code Daytime	OO 76 e Telephone Number
Enclosed is a check for the	ne 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Halley 211-C

FILE); SECRETARY OF STATE DIVISION-OF CORPORATIONS

22 APR 15 AM 8: 41

(Name of the Limited Liability Company as it now appears on our re (A Florida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{2/111}{55}$ .	20 27 and assigned
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, eagent and/or the new registered office address here:	nter the name of the new registered
Name of New Registered Agent: Chester Harley II	
New Registered Office Address: 3630 Cler Mont St- Enter Florida street a	ddress
For Myers	, Florida <u>339/6</u> 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	Chester HarleyIII	3630 Cler mont st Fortmyers FL.	33916 ⊠(Add
			□Remove
			□Change
AMBR	Chester Harley II	3630 Clermont St Fort Myers FL 33	91 Add
			CRemove
			Change
AMBR	Napoloun Fredrick Harley	19 3630 clerment St Fort MyerFL 339	<u>16</u> Ø Add
			□Remove
			[] Change
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			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□ Remove
			□ Change

. II am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del>-</del>
	<del></del>
(If an e Note:	ffective date, if other than the date of filing:
he reco	ord 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 filed.
Dated	Murch 30 , 2022.
	Signature of Jamember or authorized representative of a member  Chesta Gata III  Typed or printed name of signee
	Signature of authorized representative of a member
	Typed or printed name of signee