Division of Corporations

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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

Account Number : 075350000514 Phone : (727)442-1200 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:	_
CHIGAL		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 10617 COPELAND FARMS ROAD, LLC

Certificate of Status	0
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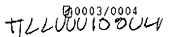
ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

10617 COPELAND FARMS ROAD, LLC		
(Name of the Limited Liability (A Florida)	y Company as it now appears on our Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Co Florida document number <u>L22000147961</u>	ompany were filed on 04/08/202	2 and assigned
	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
16107 COPELAND FARMS ROAD, LLC		
The new name must be distinguishable and contain the words "Limit	led Liability Company," the designation	on "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		A A Commence of the commence of the second
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Chine Address.	Enter Florida stree	t address
	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
			DAdd
			□Rcmove
			□Add
			□Change
			□Add
			□Remove
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n effec <u>te:</u> If	e date, if other than the date of filing: tive 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a st's effective date on the Department of State's records.
cord s 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 i.
ted A	PRIL 12 2022
	CARR
	Signature of a member or authorized representative of a member
	CURISTORIER I DENICOLO ESO
	CHRISTOPHER J. DENICOLO, ESQ. Typed or printed name of signee

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