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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations Conor James Collectable Cars LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Lexi King Name of Person New Business Filing Firm/Company 8170 Washington Village Dr. Address Dayton, Ohio 45458 City/State and Zip Code orders@newbusinessfiling.org E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 888 701-6450 Lexi King Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee, ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Contact Information

Name: New Business Filing LLC

Address: 8170 Washington Village Drive

Dayton, Ohio 45458

Email: Orders@newbusinessfiling.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Conor James Collectable Cars LLC

2023 [TO] | Pit 4: 04

(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 Liability Compan	y were filed on <u>06/30/2022</u>	and assigned			
Florida document number 1.22000295913					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lia	bility company here:				
The Chadwick Collection LLC					
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation	n "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)	· · · · · · · · · · · · · · · · · · ·				
[Mauing address MAT BE A FOST OFFICE BOX]					
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records,	enter the name of the new registered			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	·····	, Florida			
	City	Zip Code			
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>				
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of my dut s provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is			
If Ch	anging Registered Agent, Sign	nature 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
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			Change
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<u>ite:</u> If	e date, if other that ive date is listed, the da the date inserted in t t's effective date on	his block does	not meet the	e applicable st	of filing or more atutory filing re	than 90 days after	filing.) Pursuant to	605.0201 listed as
ecord s is filed	specifies a delayed ef l.	Tective date, b	ut not an effe	ective time, at	12:01 a.m. on t	he earlier of: (b) The 90th day:	after the
ted _	ecember 7		2023					
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		Signatur	e of a member	or authorized	representative of a	member	-,-	-