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#### **COVER LETTER**

| TO: Registration`Section Division of Corporations   |
|---|
| SUBJECT: AM CHASE LLC  AVY Strong of Limited Liability Company  AVY CHASE LLC   |
| The enclosed Articles of Amendment and fee(s) are submitted for filing.   |
| Please return all correspondence concerning this matter to the following:   |
| George Prytula, ## CPA PLLC  Firm Company  [655 Cherry Blassom Terrace  Address  Heathrow FL 32746-1964  George Heathrow CPA, red  E-mail agrees: to be used for future annual report notification) |
| For further information concerning this matter, please call:  |
| George Prytula ## at (321) 926 - 7000  Area Code Daytime Telephone Number   |
| Enclosed is a check for the following amount:   |
| S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)                           |
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#### 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

ANY CHASE LLC

| ( <u>Name of the Limited Liability Co</u><br>(A Florida Limi  | mpany as it now appears on our reco<br>ted Liability Company) | erds.)  |
|---|---|---|
| The Articles of Organization for this Limited Liability Comp<br>Florida document number <u>LQQ 00030043</u> 3                                 | any were filed on July (                                      | and assigned  |
| This amendment is submitted to amend the following:   |   |   |
| A. If amending name, enter the new name of the limited of the limited.  The new name must be distinguishable and contain the words "Limited L | ions LLC  | LC" or the abbreviation "L.L.C."                        |
| Enter new principal offices address, if applicable:   | No chanae.  |   |
| (Principal office address MUST BE A STREET ADDRESS  |   | · · · · · · · · · · · · · · · · · · ·                   |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)   | No change.  | FILED  2023 GAV - 6 AM 8  SE DRETAIN OF STALLANIAS SEE. |
| B. If amending the registered agent and/or registered offi<br>agent and/or the new registered office address here:                            | ice address on our records, <u>ent</u>                        | er the name of the new registered                       |
| Name of New Registered Agent:   | change.   |   |
| New Registered Office Address:  | Enter Florida street add                                      | ress  |
|   | ,   | Florida   |
|   | 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 = N $AMBR = A$ | fanager<br>Authorized Memi | ber            |                |
|--------------------|----------------------------|----------------|----------------|
| <u>Title</u>       | <u>Name</u>                | <u>Address</u> | Type of Action |
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| record s<br>l is filed | 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                   | January 3 2003  |
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