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(Requestor's Name)
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(City/State/Zip/Phone #)
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03/28/23--01017--010 **25.00

COVER LETTER

TO:

Registration Section Division of Corporations

	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MICHAEL BALANKY		
		Name of Person	
	CHASE PROPERTIES		
		Firm/Company	
	1478 Riverplace Blvd., Su	ite 107	
		Address	,
	Jacksonville		
	- Tuesday III - Tuesday II	City/State and Zip Code	:1)
	MICHAEL@CHASEPROI	PERTIES.COM	
	E-mail address: (to be used for future annual report notific	cation)
For further information c	oncerning this matter, please c	all:	ſ
Michael Balanky		at (904) 923-7065 Area Code Daytime	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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		Street Address:	ion
Registration Section Division of Corporations		Registration Sect Division of Corpo	
P.O. Box 6327		The Centre of Ta	llahassee
Tallahassee,	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHAD DEVELOPMENT, ELC		
(A Florida	y Company as it now appears on ou Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Co	ompany were filed on OCTOBE	ER 24, 2022 and assigned
Florida document number 132399 (3070)	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	ESS)	
		r 1
		- :
Enter new mailing address, if applicable:		; t
Mailing address MAY BE A POST OFFICE BOX)		
maning warts smarr be at 1051 of 1 tet, box		· · ·
		[
3. 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 registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
		, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

CHAD DEVELOPMENT LLC

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>	<u>Name</u>	Address	Type of Action
AMBR	DENO HICKS	1353 WINDSOR HARBOR DRIVE	≣ Add
		JACKSONVILLE, FL 32225	□Remove
			□Change
			□Add
			□Remove
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		1	e time, at 12:01 a	.m. on the earlier of: (I	b) The 90th day after	r the
ecord specifies a	delayed effective date,	but not an effective				
ocument's effectiv	Cun	. 2023	 Z1			

Filing Fee: \$25.00