L22000530281

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COVER LETTER

	tegistration Section Division of Corporations				
CHD IC		lle Properties LLC			
SUBJEC	I :	Name of Limited Liability Company			
The enclos	sed Articles	of Amendment and fee(s) are submitted for filing.			
Please reti	urn all corre	spondence concerning this matter to the following:			
		LEXIE RIVERS			
		Name of Person			
		PRIME CORPORATE SERVICES			
		Firm/Company			
		5250 S COMMERCE DR STE 200			
		Address			
		MURRAY, UT 84107			
		City/State and Zip Code			
		E-mail address: (to be used for future annual report notification)			
For further	r informatio	n concerning this matter, please call:			
LEXIE R	IVERS	855 577-4639 at ()			
	Nam	at () ne of Person Area Code Daytime Telephone Number			
Enclosed i	s a check fo	or the following amount:			
\$25.00) Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)			

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

2023 JUL 10 AM 7: 14

Chandelle Properties LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1) | 17(1

The Articles of Organization for this Limited Liability Company Florida document number L22000530281	were filed on 12/19/20	022	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the design:	ition "LLC" or the abbro	eviation "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 of registered agent and/or the new registered office address here	fice address on our		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida so	veet address	
	, Florida		
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agroup provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my a	luties, and I am fan	illiar with and

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

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	Chandelle Capital Holdings LLC	30 North Gould Street Suite R	
		Sheridan WY 82801	Remove
			Change
AMBR	Ruth Estelle Jacobs	7901 4th Street North, Suite 300	
		St. Petersburg, FL 33702	□ Remove
			Change
			Add
			□ Remove
			Change
			Remove
			Change
			Remove
			Change
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E. Effective date, if other than the (If an effective date is listed, the date in	ne date of filing:	(ор	tional)
Note: If the date is listed, the date me Note: If the date inserted in this document's effective date on the	block does not meet the applicabl	date of filing or more than 90 days af e statutory filing requirements, t	er filing.) Pursuant to 605,0207 (3) his date will not be listed as the
If the record specifies a delaye (b) The 90th day after the re	ed effective date, but not a ecord is filed.	n effective time, at 12:01	a.m. on the earlier of:
Dated June 27	2023		
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Typed or printed name of signee

Filing Fee: \$25.00