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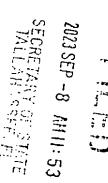
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COVER LETTER

TO: Registration S Division of Co				
CHADWI	ICK ADAMS FL, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Bradford B. Gornto			
		Name of Person		
	Gornto Law, PLLC			
		Firm/Company	<u> </u>	20
	310 Wilmette Ave., Suite	5	ECRE	[~] 2023 SEP
		Address	<u> </u>	Φ
	Ormond Beach, FL 32174	,	77 700	
		City/State and Zip Code	trico	
	brad@gorntolaw.com			: 53
		(to be used for future annual report not	ification)	•
For further information	concerning this matter, please of	all:		
Bradford B. Gornto		386 257-2554		,
Name	of Person		ne Telephone Number	
Enclosed is a check for	the following amount:			
≘ \$25.00 Filing Fee	☐ S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate of Certified Cop (additional copy	Status &
Mailing Addre Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro	porations	
		Tallahassee, FL		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHADWICK ADAMS FL, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our record Liability Company)	<u>is.</u>)
The Articles of Organization for this Limited Liability Company	were filed on February 27, 202	and assigned
Florida document number L23000104471		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	2022 SEC
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	310 Timberline Trail	NEW PARTY
Principal office address MUST BE A STREET ADDRESS)	Ormond Beach, FL 32174	
		53 II: 53
Enter new mailing address, if applicable:	310 Timberline Trail	. , =-
Mailing address MAY BE A POST OFFICE BOX)	Ormond Beach, FL 32174	
If amending the registered agent and/or registered office a gent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter</u>	the name of the new regis
New Registered Office Address:		
	Enter Florida street address	,
		orida
	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 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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			□Remove
			□Change
			□ Add
			Remove CRETION Change C
			Add Remove
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			Псточе

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