

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000257140 3)))



H230002571403ABCY

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To: Division of Corporations Fax Number : (850)617-6383

From:

| Account Name | : | ELLISON LAZENBY PLLC |
|----------------|---|----------------------|
| Account Number | : | 120150000059 |
| Phone | : | (727)362-6151 |
| Fax Number | : | (727)362-6131 |

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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| 2023 | | Estimated Charge | \$25.00 | • | 2.0 |

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T. LEMIEUX

| om: William Lazenby 🕚 | Fax: 17273626151 | To: | Fax: (850) 617-6383 | Page: 2 of 4 | 07/24/2023 11:54 AM |
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| | | ARTICLE | ES OF AMENDMENT | H23000 | 257140-3 |
| 1 | | ARTICLES | S OF ORGANIZATION | j. | |
| | | ARTICLES | · OF | , | |
| | 3 | • | 01 | | |
| CHI | | RM OWNERS LLC | ţ | * | |
| | (<u>Name</u> | of the Limited Linbili. A Florida) | ty Company as it now appears on our a Limited Liability Company) | records.) | |
| The Articles of Or | ganization for this | Limited Liability C | Company were filed on 06/22/2023 | 3 | and assigned |
| Florida document i | - | - | | | |
| riorida documenti | number | | <u> </u> | | |
| This amendment is | submitted to ame | end the following: | | | |
| | | | | | |
| A. If amending n | ame, <u>enter the ne</u> | ew name of the lum | ited liability company here: | | |
| CHIMNEY POND | | | | | |
| The new name must be | e distinguishable and | contain the words "Lim | ited Liability Company," the designatio | n "I.I.C" or the abb | reviation "L.L.C." |
| Enter new princip | oal offices addres | s. if applicable: | | | |
| (Principal office a | ddress MUST BE | A STREET ADDR | RESS) | | |
| · · · · | | | <u>+</u> | | |
| | | | | | |
| Enter new mailing | v address if annl | icable | | | |
| | | | - <u> </u> | | |
| (Mailing address) | MAT BE A PUST | UFFICE BUA | | | |
| | | | | | |
| B. If amending th agent and/or the r | | | d office address on our records. | <u>enter the name</u> | of the new registe |
| | | | | ,•• • | |
| | NT D | | | •• | 23 |

| Name of New Registered Agent: | | | |
|---|------------------------------|-----------|------------|
| New Registered Office Address: | | | ۲ |
| | Enter Florida street address | | r 4 |
| | | . Florida | |
| | Cuy | | Zíp Gode |
| New Registered Agent's Signature, if changing Registered Agent: | | | · |
| New Repistered Agent's Signature, in Changing Repistered Agent. | | , _ | C 2 |
| | | | |

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

| William Lazeni Exmondine | | Fax: (850) 617-6383 P. Danage. <u>enter the title, name, and addr</u> | age: 3 of 4 07/24/2023 11:54 AM |
|-----------------------------|------------------------------|--|---------------------------------|
| r removed | from our records: | uxnage, <u>enter the title, name, and addr</u> | H23000257140 3 |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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| <u>Note:</u> If the | ate, if other than the date of filing: |
| uocameni | enective date on the Department of State 9 fectords. |
| If the record sp record is filed. | cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Dated | 20 2023 |
| | gpenga |
| | Signature of a member or authorized representative of member |
| | Jiordanu Pozzi |
| | Typed or printed name of signee |