L23000335980

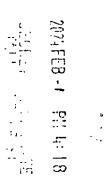
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COVER LETTER

TO: Registration Section Division of Corporations

)	CHUBSLIPB128	LLC
UBJECT:		

(Name change only)

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

	Matthew T. Staab, Esq.			
		Name of Person		
	Staab Law, P.A.			
		Firm/Company		
	1792 Bell Tower Lane			
		Address		<u></u>
	Weston, Florida 33326			Ċ
		City/State and Zip Code		
	mstaab@staab-law.com		7.1	
For further information of	concerning this matter, please co	to be used for future annual report notit		
Timothy R. Gipe		305 710-3369		
Name c	of Person		e Telephone Number	
Enclosed is a check for t	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 Addres		<u>Street Address:</u> Registration Sec	ction	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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 OF

CHUBSLIPB128 LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on July 17, 2023 and assigned Florida document number L23000335980 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Deputy Polar Bear Holdings, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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.

City

Enter Florida street address

, Florida

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
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record specifies a delayed is filed.	effective date, but no	ot an effective time	e, at 12:01 a.m. o	n the earlier of: (b)	The 90th	day after the
		2024				
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HOHAVOL	Signature of a	i idemberur authoriz	red representative	of a member	er no	<u> </u>

Filing Fee: \$25.00