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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
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COVER LETTER

TO: Registration Division of C	Section Corporations		
BARON SUBJECT:	CHOMES LLC		
ловяест	Name of Li	mited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corres	spondence concerning this matte	r to the following:	
	James M. Clary, III, Esq.		
		Name of Person	
		E	
Firm/Company 2100 SE Ocean Blvd. Suite 100			
	Name of Person Firm/Company 2100 SE Ocean Blvd. Suite 100 Address Stuart FL 34996 City/State and Zip Code admin@commercialrealestatelle.com E-mail address: (to be used for future annual report notification) rther information concerning this matter, please call: s Clary 772 286-5744		
	Stuart FL 34996		
	admin@a.mma-aid-ad-ad-ad-		
			ration)
For further information	concerning this matter, please c	all:	
James Clary			
Name	of Person	Area Code Daytime T	Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	□ \$55.00 EU C 8	= 5 /0 00 000
	Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)
Mailing V.J.			
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Section	On.

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

BARON HOMES LLC			
(Name of the Li	mited Liability Comp (A Florida Limited	any as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited	Liability Company	y were filed on	and assigned
Florida document number L23000423692	·		
This amendment is submitted to amend the fo	ollowing:		
A. If amending name, enter the new name	of the limited liab	oility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: 2100 SE Ocean Blvd. Suite 100		00	
•		Stuart F1, 34996	
Enter new mailing address, if applicable:		2100 SE Ocean Blvd. Suite 1	00
Mailing address MAY BE A POST OFFICE BOX)		Stuart FI, 34996	202
Q. If amonding the accident			7 23 EC
 If amending the registered agent and/or igent and/or the new registered office addr 	registered office a ess here:	iddress on our records, <u>ente</u>	r the name of the new registero
			
Name of New Registered Agent:	James Clary HI		7.
New Registered Office Address:	2100 SE Ocean	Blvd. Suite 100	:. Ø
		Enter Florida street addre	333
	Stuart	, F	lorida <u>34996</u>
		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 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

	5,7	
AMBR =	Authorized	Member

Title	<u>Name</u>	Address	Type of Action
MGR	James Clary III	2100 SE Ocean Blvd. Suite 100. Stuart FL 34996	= Add
			□Remove
			□Change
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Effective date, if other than the	date of filing:			(antional)	
Effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this blocument's effective date on the Document's	t be specific and cannot ock does not meet the epartment of State's i	be prior to date of e applicable stati records.	filing or more than 90 atory filing requirem	days after filing.) Pursuant ents, this date will not	to 605,0207 be listed as
record specifies a delayed effective d is filed.	: date, but not an effe	active time, at 12	:01 a.m. on the earli	er of: (b) The 90th da	y after the
December 7th	2023	3			
M	al de	_ .			
-// !	Signature of a member	or authorized repr	esentative of a member		
		-1.	· · · · · · · · · · · · · · · · · · ·		
James (lary III))				

Filing Fee: \$25.00