L23000425225

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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2023 OCT 18 AM10:

RECEIVED

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

EXAMINIER'S INITIALS:____

| Please use funds from this account: -120210000160 \$25.00 Authorization Signature: | |
|---|-------|
| | |
| SCHWA EQUITY LLC L23000425225() | |
| Business Name Doc. # | |
| | |
| Certified Copy | |
| Certificate of Status | |
| NEW FILINGS AMENDMENTS | |
| Profit Corp X Amendment | |
| Not for Profit Resignation of R.A. or | |
| Officer/Director | |
| Limited Liability Change of Registered Agent | |
| Domestication Revocation of Dissolution | |
| Other Merger | |
| CORP | |
| LLLP Amended and restated Arti | icles |
| Statement of Authority | |
| OTHER FILINGS | |
| REGISTERATION/QUALIFICATIONS | |
| Annual Report Foreign filing | |
| Limited Partnership | |
| Fictitious Name Reinstatement | |
| Other | |
| Country | |

| | stration Section ion of Corporations | | | | |
|------------------------|--|--|--|--|--|
| | CHWA EQUITY LLC | | | | |
| SUBJECT: _ | Name of Limited | Liability Company | | | |
| | | | | | |
| The enclosed A | Articles of Amendment and fec(s) are submitt | ted for filing. | | | |
| Please return al | Il correspondence concerning this matter to the | he following: | | | |
| | Dan Moon | | | | |
| | | Name of Person | | | |
| | DAN MOON INC | | | | |
| | | Firm/Company | | | |
| | | | | | |
| | | Address | | | |
| | Daytona Beach Florida 32117 | | | | |
| | | City/State and Zip Code | | | |
| | _ | e used for future annual report notification) | | | |
| For further info | ormation concerning this matter, please call: | | | | |
| danny moon | | 305 4406411 | | | |
| | Name of Person | Area Code Daytime Telephone Number | | | |
| Enclosed is a c | theck for the following amount: | | | | |
| ≣ \$25.00 Fili | | □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) | | | |
| Regis Divis P.O. | ng Address: stration Section sion of Corporations Box 6327 ahassee, FL 32314 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | |

ARTICINO OF MINIMUMENT

TO ARTICLES OF ORGANIZATION OF

SCHWA EQUITY LLC

FILED

| (Name of the Limited Liability (A Florida L | Company as It Limited Liability | now appears on o Company) | ur records. | 2023 OCT 18 | AM IO: Eo |
|--|------------------------------------|-----------------------------------|---------------------------|---------------------------------------|---------------------------|
| The Articles of Organization for this Limited Liability Con | | | Ti | ALL AHASSEE | fassigned :- |
| Florida document number L23000425225 | | | 12 | vrryny22EE | FLORIDA |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the limite | ted liability co | mpany here: | | | |
| The new name must be distinguishable and contain the words "Limite | ted Liability Con | mpany," the designa | tion "LLC" | or the abbreviatio | n "L.L.C." |
| Enter new principal offices address, if applicable: | - | | | | |
| (Principal office address MUST BE A STREET ADDRE | ESS) | | <u>-</u> | | |
| | | | | | |
| Enter new mailing address, if applicable: | *** | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | | |
| | | | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | office addres | s on our record | is, <u>enter t</u> i | he name of the | new registered |
| Name of New Registered Agent: | | | | | |
| New Registered Office Address: | | | | | |
| | | Enter Florida sti | reet address | | |
| | | | , Flo | rida | |
| | | ity | | Zip C | ode . |
| New Registered Agent's Signature, if changing Registered | Agent: | | | | |
| I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change. | omplete perfo zent as provid | rmance of my d led for in Chap | luties, and ter 605, F | d I am familiar F.S. Or, if this c | r with and document is |
| | If Changing F | tegistered Agent, S | 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 AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|---------------|-----------------------------|----------------|
| MGR | Daniel S Moon | 2071 LPGA BLVD 400 | 🗏 Add |
| | | DAYTONA BEACH Florida 32117 | Remove |
| | | | □ Change |
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| | | | | | | DA : | <u> </u> |
| | | | 10/15/2 | , | | | |
| Note: | tive date, if other the ffective date is listed, the If the date inserted in ment's effective date o | ı this block does | filing: | rior to date of filing plicable statutory | or more than 90 days filing requirements | optional) after filing.) Pursua , this date will no | nt to 605.0207 t be listed as |
| e reco | ord specifies a delayed filed. | effective date, bi | ut not an effecti | ve time, at 12:01 | a.m. on the earlier o | of: (b) The 90th o | day after the |
| Dated | 10-18 | | 1 / 2023 | · · | | | |

Filing Fee: \$25.00

Typed or printed name of signee