Office Use Only



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COVER LETTER

Name of Lim	ited Liability Company			
ment and fee(s) are sub				
	mitted for filing.			
concerning this matter	to the following:			
niel K. Ohm				
	Name of Person			
m Law Firm, P.A.				
Firm/Company				
H Lake Worth Road, St	nite 330			
Address				
eenacres, FL 33467				
	City/State and Zip Code			
		36 <u></u>		
	·	(theatton)		
	561 537-5554			
	Area Code Daytii	ne Telephone Number		
wing amount:				
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 Address: Registration Section		ection		
Division of Corporations		rporations		
P.O. Box 6327 Tallahassee, FL 32314		Tallahassee oe Street, Suite 810		
	nerry@gmail.com E-mail address: (ing this matter, please companies of the companies of th	Name of Person Im Law Firm, P.A. Firm/Company Of Lake Worth Road, Suite 330 Address deenacres, Ft. 33467 City/State and Zip Code merry@gmail.com E-mail address: (to be used for future annual report not ing this matter, please call: at (

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHATEAU ETY 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 $\frac{01/03/2024}{1}$ and assigned Florida document number 1.24000007416 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ETY MERRY LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Internew 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: Enter Florida street 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 visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and pt the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is gilled to merely reflect a change in the registered office address, I hereby confirm that the limited liability appany has been notified in writing of this change.

Cin

If Changing Registered Agent, Signature of New Registered Agent

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>	Name	Address	Type of Action
_			□Add
			□Remove
			□ Change
			□Add
		-	□Remove
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			□Remove
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a. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: _ (optional) (If an effective date is listed, the date most be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ad is filed. 2/5/2024

Filing Fee: \$25.00