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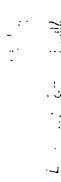
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Special Instructions	s to Filing Officer:	





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COVER LETTER

Division of Cor		M		
SUBJECT:	CHIC AQUAT	TC FOUNTA	HN AND	POND LL
	Amendment and fee(s) are submodence concerning this matter to	-		
	CHRIS	TIMA CHI Name of Person	<u>C</u>	^
	CHIC	AQUATTC Firm/Company	FOUNTAIN	· 图 LLC
	1912 PAR	Address		122-2
	TAPPON SPE	City/State and Zip Code	34689	M. 5
	E-mail address: (1	ATIC Q JA o be used for future annual report not	HOO.CO	W. 51
For further information co	oncerning this matter, please ca	II:		
JOHN Name of	CHIC	at (737) 28) Area Code Daytin	8 4430 ne Telephone Number	_
Enclosed is a check for th	ne 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 F Certificate of S Certified Copy (additional copy is	Status &

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

CHIC AQUATT C FONTAIN AD POND (CONTAIN AND POND)

(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 02/22/2024 and assigned Florida document number L2400094135.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "I	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		- 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Enter new mailing address, if applicable:		100
(Mailing address MAY BE A POST OFFICE BOX)		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		·
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street ada	dress
	_	Florida
	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

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	JOHN CHIC	1912 PARK AVE	Add
		TARPON SPRINGS FC	□Remove
		34689	□Change
AMBR	CHRISTINA CHIC	1912 PARK AVE	□Add
		TARPON SPRINGS FC	Kemove
		34689	DChange
			DAdd
		- (1) 	Remove Change
			Add ☐ Add ☐ Characteristics
			□Change
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e: If the date inserted in this block does not meet the appl	licable statutory filing requirements, this date will not be li	isted
iment's effective date on the Department of State's record	ds.	
and a self-or deleved effective data but not an effective	time at 12(0) a m. on the earlier of the The 90th day of	Sisse el
filed.	e time, at 12:01 a.m. on the earlier of: (b) The 90th day at	iÇI (I
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ed 04/19 2021	<u>4</u> .	
\mathcal{M}_{12}		
Signature of a member or au	thonced representative of a member	
\i		

Filing Fee: \$25.00