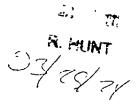


(Decreed News)
(Requestor's Name)

(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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PLEASE USE FUNDS FROM THIS AC	COUNT: 120210000160: \$55.00
AUTHORIZATION SIGNATURE:	Jarkelle
1208 Chelmsford LLC	1
BUSINESS (Name)	Document #
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Mail out	Will wait
Photocopy	Will wait
_X_Certified Copy of Articles of	
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<u>NEW FILINGS</u>	<u>AMMENDMENTS</u>
Profit	Amendment
Not for Profit	Resignation of R.A. Officer/Director
XLimited Liability Domestication	Change of Registered Agent
Other	Dissolution/WithdrawalMerger
LLLP	Conversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign Filing
Di William	Limited Partnership
Fictitious Name	Reinstatement
APOSTIL ()	Trademark Other
Country	
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EXAMINER'S INITIALS:_____

COVER LETTER

	ation Section n of Corporations		
	08 CHELMSFORD LLC		
SUBJECT:	Name of	f Limited Liability Company	
The enclosed Ar	sicles of Amendment and fee(s) are	c submitted for filing.	
Please return all	correspondence concerning this ma	after to the following:	
	MAUREEN AUGHT	ON	
		Name of Person	_
	AUGHTON LAW FIR	RM, PA	1
	 -	Firm/Company	
	5660 STRAND COU	RT	ි හ ය
		Address	
	NAPLES, FL 34110		EST TO
	· 	City/State and Zip Code	- - 기년 : 32
	maughton@aughtonlaw		
For further inform	nation concerning this matter, plea	ess: (to be used for future stanual report notification) use call:	
MAUREEN AU		239 919-5436	
	Name of Person	Area Code Daytime Telephone Numb	er er
Enclosed is a che-	ck for the following amount:		
☐ \$25.00 Filing	_	s Certified Copy Certific (additional copy is enclosed) Certifie	ate of Status &
Registra Divisio P.O. Bo	Address: ation Section n of Corporations ox 6327 ssec, FI. 32314	Street Address; Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303	810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1208 CHELMSFORD LLC		
(Name of the Limited Liability Comp (A Florida Limited	any sa it new appears on our records Liability Company)	<u></u>
The Articles of Organization for this Limited Liability Company	were filed on 03/15/2024	and assigned
Florida document number L24000130740		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	nility company here:	
	to to impanty that t.	
he new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	1208 Chelmsford Court	tout (ED) tout
Principal office address MUST BE A STREET ADDRESS	Naples, FL 34104	1 150 1 150 1 150 1 150 1 150
	<u>.</u>	in the second
nter new mailing address, if applicable:	1200 Speers Road, Unit 11	
Agiling address MAY BE A POST OFFICE BOX	Oakville, ON L6M 3E3 CA	T(V)
		32 1E
If amandian shows have been a		
. If amending the registered agent and/or registered office a tent and/or the new registered office address here:	iddress on our records, enter th	e name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stront 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

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

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

Title	Name	Address	Type of Action
AR	SCOTT P SHEDDEN	1200 Speers Rd, Unit 11, Onkville, ON L6M 3E3 CA	■Add
			_ CRemove
			_ DChange
			_ □Add
			_ TRemove
			_ Change
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Fective date, if other than the date of filing:				
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	MARCH 29	2024		
Signature of a member of authorized representative of a member		7 7/1		
Signature of a member of authorized representative of a member		-16/		
	Sign	ingition is received to sutherized to	epresentative of a member	
		Typed or printed nam	of signee	

Filing Fee: \$25.00