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## **COVER LETTER**

Division of Co	orporations			•	
Christenbe	erry Acquisitions, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.			
	pondence concerning this matter				
The second secon	3	Ü			
	Edward Vogler				
		Name of Person			
	Vogler Ashton, PLLC				
Firm/Company					
2905 8th St St W					
Address					
	Palmetto, FL 34221			20 SE	
		City/State and Zip Code		2024 NOV 26 SECRETARI TALLAHA	
edvogler@voglerashton.com  E-mail address: (to be used for future annual report notification)			1 A S	1	
			uncation)	₹n **	)
For further information	concerning this matter, please c	all:			
Edward Vogler		941 304-3400 at ()		AHII: 24 OF STAT ISEE, FU	-
Namo	e of Person		me Telephone Number	m *	
Enclosed is a check for	r the following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of Status &	

TO:

Registration Section

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

Christenberry Acquisitions, LLC		
(Name of the Limited (A	Liability Company as it now appears on our record A Florida Limited Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liab		and assigned
Florida document number L24000212841	·	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		SEC 2024
Mailing address MAY BE A POST OFFICE B	<u> </u>	ALLAI
		5,27 6
B. If amending the registered agent and/or repagent and/or the new registered office address	gistered office address on our records, <u>enter</u> boro:	the name of the new registe
agent and/or the new registered office address	nere.	: 24 FL FL
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street addres	55
	, F1	orida 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 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>	Address	Type of Action
MGR	Pamela Curran	2905 8th St St W	<b>=</b> Add
		Palmetto, FL 34221	□ Remove
			□ Change
			□Add
			□Remove
			□Change
			A SECRETARY CONTAINS
			CTARRY CF STATE  Remove
			Change
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Filing Fee: \$25.00