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## **COVER LETTER**

Division of Corporations
SUBJECT: Chase and chance autitic foundation LLC. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Brucyne A. GAntt Name of Person
Chase and chance autistic foundation LC. Firm Company
8910 Millioner PLWY Ste 305 B. PMB1178
MITAMA (1 33025
Chase and Chance autistic foundation Dychiscom  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
British (AA) at (786) 786521-8442 Name of Person at (786) Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S25.00 Filin

Mailing Address:

TO:

Registration Section

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

Chase and Marce Author Foundation Lic.

(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 Liabili Florida document number <u>L 240\oldox 22462</u>	ty Company were filed on MAY 14, 2024 and assigned
This amendment is submitted to amend the followin	
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 Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET AL	8910 Milana Prny
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX</u>	Ste 305 B FMB 1178
B. If amending the registered agent and/or regist agent and/or the new registered office address he	ered office address on our records, <u>enter the name of the new registered</u> re:
Name of New Registered Agent:  New Registered Office Address:	Brueyne A. Gantt 8910 Miramar PKWY Ste 305 B-PMB1178 Emer Florida street address
<del></del>	Mi (amar Florida Florida Florida Sip Code
New Registered Agent's Signature, if changing Regist	ered Agent:
hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered	ent and agree to act in this capacity. I further agree to comply with the d complete performance of my duties, and I am familia with and l agent as provided for in Chapter 605, F.S. Oizifthis document is vered office address, I hereby confirm that the limited bability is

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>	Address	Type of Action
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