L24000442343

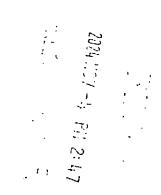
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COVER LETTER

TO:	Registration Se Division of Cor			.**	
CHD II		Lady Lake LLC			
SUBJE	cct:	Name of Lim	ited Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		Lawrence Siegel			
		*****	Name of Person		
			Firm/Company	. .	
	4630 Harbour Village Blvd, Unit 1304				
			Address		
		Ponce Inlet, FL 32127			
		siegeljr2@yahoo.com	City/State and Zip Code		
		- · ·	to be used for future annual r	report notification)	
For fur	ther information co	oncerning this matter, please ca	all:		
Lawre	nce Siegel		352 425 at ()	-1649	
	Name of	Person	Area Code	Daytime Telepho	one Number
Enclose	ed is a check for th	e following amount:			
■ \$2	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl.)		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	<u>s:</u>	Street Ad	dress:	

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

Siegel 809 Lady Lake, LLC		
(Name of the Limited Liability Comp (A Florida Limited	<mark>pany as it now appears on our re</mark> d Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Compan Florida document number L24000442343	ny were filed on 10/16/2024	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		1 .
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office	e address on our records, <u>e</u> r	nter the name of the new registers
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		. Florida
	City	7,ip 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
MGR	Lawrence Siegel	4630 Harbour Village Blvd, Unit 1304	≣Add
		Ponce Inlet, FL 32127	□Remove
			□Change
			□Remove
			Change
	<u></u>		□Add
			□Remove
			□Add
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Signature of a member or authorized representative of a member					
		Signature of a member or aut	horized representative of a m	ember	
Lawrence Siegel	·	Typed or pri	nted name of signee	-	

Filing Fee: \$25.00