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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
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Office Use Only



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MAY 28 2020

## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor			
SUBJECT:	Chase Properties, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
	ondence concerning this matter		
rease return till correspo	Machee Econocating this finite.		
	Anne M. Olinger		
		Name of Person	
	Anne M. Olinger, LLC		
		Firm/Company	
	5610 Sherborn Dr. #201		
	<del></del>	Address	
	Naples, FL 34110		
		City/State and Zip Code	
	anne.m.olinger.llc@gmail.c		
		to be used for future annual report noti	fication)
For further information c	concerning this matter, please of	all:	
Anne M. Olinger		239 273-4887	
Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	he 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 Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration		<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	27	The Centre of T	Tallahassee Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Reed and Chase Properties, LLC		2020 Far	-C n
(Name of the Lim	ited Liability Comp (A Florida Limited	لَوْكُورُو الْمُؤْمِنِينِ اللَّهِ اللَّهُ اللَّا اللَّا اللَّهُ اللَّا اللَّا اللَّا اللَّا اللَّا اللَّا اللَّاللَّ	records.) 3: 06
The Articles of Organization for this Limited I	Liability Company	,	
This amendment is submitted to amend the fol			
A. If amending name, enter the new name of	of the limited lial	oility company here:	
Anne M. Olinger, LLC			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STRE.	ET <u>ADDRESS)</u>		
Enter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE	BOX)		
			<del>,</del>
B. If amending the registered agent and/or agent and/or the new registered office address.		address on our records,	enter the name of the new registered
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street	address
			, Florida
		Cirv	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 2020 HAY -6 FH 3: 06 **Type of Action** <u>Name</u> Address Title N/A N/A N/A \_\_\_\_\_ □Remove \_\_\_\_\_ □Change □Add □ Change □ Change \_\_\_\_\_ □Add \_\_\_\_ □Remove \_\_\_\_\_ □Change \_\_\_\_\_ 🗀 📈 🗀 Add ☐ Change \_\_\_\_\_ [] Add \_\_\_\_\_ □Change

Purpose: ANY AND ALL L	AWFUL BUSINESS	2020 Kin / = C - BU
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	st be specific and cannot be prior to a lock does not meet the applicable	(optional) date of filing or more than 90 days after filing.) Pursuant to 605, e statutory filing requirements, this date will not be liste
cord specifies a delayed effectiv s filed.	ve date, but not an effective time	at 12:01 a.m. on the earlier of: (b) The 90th day after
May 4	2020	
		ed representative of a member
- Col use Ill.	Alleners.	

Filing Fee: \$25.00