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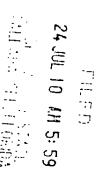
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

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TO: Registration Division of C		
	N REAL ESTATE, LLC	
SUBJECT:	Name of Lin	nited Liability Company
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.
Please return all corres	spondence concerning this matter	to the following:
	Sabrina Leigh Chianese	
		Name of Person
	Clark, Campbell, Lancaste	er, Workman, & Airth, P.A.
		Firm/Company
	500 South Florida Avenue	c, Suite 800
		Address
	Lakeland FL, 33801	
		City/State and Zip Code
	schianese@clarkcampbell-	law.com (to be used for future annual report notification)
For further information	n concerning this matter, please o	
Sabrina Leigh Chianese		at () Area Code Daytime Telephone Number
Nam	e of Person	Area Code Daytime Telephone Number
Enclosed is a check fo	r the following amount:	
室 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certificate of Status & Certified Copy (additional copy is enclosed)
P.O. Box 6	n Section Corporations	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

(Name of the Limited L	ability Company as it now appea orida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liabili	ty Company were filed on $\frac{1}{2}$	2/05/2011	_ and assigned
lorida document number L11000136830	·		
This amendment is submitted to amend the following	ā;		
a. If amending name, enter the new name of the	limited liability company h	ere:	
N/A			2
he new name must be distinguishable and contain the words	'Limited Liability Company," the c	lesignation "LLC" or the abbre	viation "L.L.C."
Inter new principal offices address, if applicable	N/A		F _
Principal office address MUST BE A STREET AL			0
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			့ ည ``က်
nter new mailing address, if applicable:	N/A	 	· · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE BOX	2		
. If amending the registered agent and/or regist gent and/or the new registered office address he		records, enter the name o	of the new regis
Name of New Registered Agent:	ark, Campbell, Lancaster, Wor	kman & Airth, P.A.	
New Registered Office Address: 50	00 South Florida Avenue, Suite	800	
	Enter Flo	rida street address	
La	keland	, Florida	
	City		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 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
N/A			
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
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Effective	e date, if other than the	late of filing	;:			_ (optional	)	
	tive date is listed, the date must the date inserted in this blo							
	it's effective date on the De					,		
	specifies a delayed effective	date, but not	an effective tir	ne, at 12:01 a.i	m. on the earli	er of: (b) T	he 90th day afte	r the
d is filed	l.							
	May: 26		2024					
	May 26	<del>,</del> ,		_ ·				
Dated _		91	arc Ra	oblin				
Dated		/ 1/ 3						
Dated	<del></del>	ignature of a p	ember or autho	rized representat	ive of a membe	r		