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SECRETARY OF STATE DIVISION OF CORPORATIONS

N COOPER MAY 0 9 2018

COVER LETTER

	gistration Sec ision of Corp			
CUBUCA	Charisma Pro	operty Services LLC		,
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	d Articles of A	amendment and fee(s) are sub-	mitted for filing.	•
Please return	all correspon	dence concerning this matter	to the following:	
		Valerie Marcati		
			Name of Person	
		Alliance Financial Services	of Florida LLC	
			Firm/Company	
		2101 Vista Parkway, Suite	122	
			Address	
		West Palm Beach, FL 3341	1	
			City/State and Zip Code	
		valerie, alliance financial@gr	nail.com o be used for future annual report notific	estion)
For further in	nformation co	ncerning this matter, please ca	·	cation)
Valerie Mare	cati		561 939-4898 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for the	e following amount:		
\$25.00 F	Piling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHARISMA PROPERTY SERVICES, LLC

(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 Liability Company were filed on 03/15/2013 and assigned

Florida document number L13000039625

This amendment is submitted to amend the following:

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Alliance Financial Services of Florida LLC

New Registered Office Address:

2101 Vista Parkway, Suite 122

Enter Florida street address

West Palm Beach

Florida 33411

Cin

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
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Filing Fee: \$25.00