<u>1400104075</u>

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



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CAPITAL CONNECTION, INC.

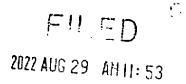
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

CHIMEI PROPERTIE	ES, LLC.			
	 			
			A	art of Inc. File
	 -		L	TD Partnership File
			F	oreign Corp. File
			L	C. File
			F	ictitious Name File
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Requested by: SETH			t	JCC 1 or 3 File
	Date	Time	\	JCC 11 Search
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Walk-In	Will Pick Up		(Courier

COVER LETTER

TO: Registratio Division of	Section Corporations						
CHIMEI PROPERTIES, LLC							
SUBJECT:Name of Limited Liability Company							
The enclosed Article	of Amendment and fee(s) are submitted for filing.						
Please return all corre	spondence concerning this matter to the following:						
	Amy Marie Vo						
	Name of Person						
	St Johns Law Group						
	Firm/Company						
	104 Sca Grove Main Street						
	Address						
	St. Augustine, FL 32080						
	City/State and Zip Code avo@sjlawgroup.com						
	E-mail address: (to be used for future annual report notification)						
For further information	n concerning this matter, please call:						
Amy Marie Vo	904 495-0400 at ()						
Nar	e of Person Area Code Daytime Telephone Number						
Enclosed is a check f	r the following amount:						
■ \$25.00 Filing Fed	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)						
P.O. Box	n Section Registration Section Corporations Division of Corporations						

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



CHIMEI PROPERTIES, 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 06/30/2014 and assigned Florida document number L14000104075 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: New Registered Office Address: Enter Florida street address , Florida

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Robert E. Barnes, Sr.	3317 Royal Palm Drive	= Add
		Jacksonville Beach, FL 32250	□Remove
			□Change
			□Add
			Remove
			□Change
	·		
			□Remove
			□Change
		 	
			□Remove
			□Change
	 		DAdd
			□Remove
			□Change
			□Add
			□Remove
			DChange

Effective date, if other than the date of filing: [If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the rid is filed. Dated August 26 Signature of a member of authorized representative of a member.	_				<u> </u>					-
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ord is filed. Dated August 26 Dated August 26										
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Dated August 26 , 2022 .							mig requireme	inis, uns date	. Will not be list	eu as
			d effective date,	but not an	effective tir	ne, at 12:01 a.	m. on the earlie	erof:(b) Ti	ne 90th day afte	r the
Signature of a member or authorized representative of a member	Dated [/]	August 26			2022					
Signature of a member or authorized representative of a member			1		✓					
			\ _		~ 6					

Filing Fee: \$25.00

COVER LETTER

TO: Registration S Division of Co				
CURTECT	PROPERTIES, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
T1 14 13 1	64 1 . 16 ()	and the Artifician College		
	f Amendment and fee(s) are sul			
Please return all corresp	ondence concerning this matter	to the following:		
	Amy Marie Vo			
		Name of Person		
	St. Johns Law Group			
		Firm/Company		
	104 Sca Grove Main Stree	et .		
		Address		
	St. Augustine, FL 32080			
		City/State and Zip Code		
	avo@sjlawgroup.com	to be used for future annual report no	tification)	
For further information	concerning this matter, please o	•	(tireation)	
Amy Marie Vo		904 495-0400 at ()		
Name	of Person		ne Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre Registration		Street Address: Registration Se	ection	
Division of C	Corporations	Division of Corporations		
P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monro	Tallahassee pe Street, Suite 810	

Tallahassee, FL 32303