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COVER LETTER

	Registration Se Division of Cor				
CHD IE		VO PROPERTIES, LLC			
SUBJEC	JI:	Name of Lim	ited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspo	ndence concerning this matter	to the following:		
		Matthew P. Flores			
Name of Person					
Law Office of Matthew P. Flores					
Firm/Company					
		9130 Galleria Court, Suite	105		
		mtlores@northnapleslaw.co	City/State and Zip Code		
	(cation)				
For furth	er information c	oncerning this matter, please ca	to be used for future annual report notif all:		
Matthew	v P. Flores		239 451-4787 at ()		
	Name o	f Person	Area Code Daytime	e Telephone Number	
Enclosed	I is a check for th	ne 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)	
	Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURI Registration Section Division of Corpora Clifton Building	n	

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIVE & TWO 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 $\frac{11/24/14}{2}$ _____ and assigned Florida document number $\frac{L14000181828}{}$ 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 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

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	BUNDY, KEVIN	561 31ST STREET SW	
		NAPLES, FL 34117	■ Remove
AMBR	BUNDY, LORI	561 31ST STREET SW	
		NAPLES, FL 34117	Remove
			Change
MGR	BUNDY, KEVIN	561 31ST STREET SW	
		NAPLES, FL 34117	Remove
			Change
MGR	BUNDY, LORI	561 31ST STREET SW	Add
		NAPLES, FL 34117	□ Remove
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ffective date, if other than the date an effective date is listed, the date must be some. If the date inserted in this block concument's effective date on the Depart erecord specifies a delayed eff. The 90th day after the record ated	fective date, but not an election filed.	futory filing requirements.	this date will not be li 1 a.m. on the ear	sted a
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Filing Fee: \$25.00