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| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: CNAVME PROPERTY Management, LCC Name of Limited Liability Company |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Desivee Bosull Name of Person |
| Firm/Company |
| 11315 N. SOLD St. Apt. 14 |
| City/State and Zip Code desiree boswelleme.com Email address (to be used for fitture annual constraint) |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Desiree Bowell at (803) 497 - 3933 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| □ \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

| Charme Pr | operty Management | ill | |
|--|---|-------------------|----------------------------|
| (Name of the Limited L | iability Company hs it now appears on our records.) lorida Limited Liability Company) | • | |
| The Articles of Organization for this Limited Liabil Florida document number LI4000196 | ity Company were filed on 12/18/2014 | and assign | ed |
| This amendment is submitted to amend the following | ng: | | |
| A. If amending name, enter the new name of the | e limited liability company here: | | |
| Charme Proper | ties, LLC | , | Flor |
| The new name must be distinguishable and contain the words | "Limited Liability Company," the designation "LLC" or the abl | breviation®L.L.C. | |
| Enter new principal offices address, if applicable | : |) | ्राह्म <u>भा</u> त्रीना |
| (Principal office address MUST BE A STREET A | DDRESS) | <u>co</u> | 80-27 |
| | | ~T) ~E; | <u> </u> |
| | | <u> </u> | 25 |
| Enter new mailing address, if applicable: | | 32 | ing (*) |
| (Mailing address MAY BE A POST OFFICE BOX | <u> </u> | | |
| | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | registered office address on our records, enter address here: | the name of | the new |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florida street address | | |
| _ | , 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 **Title** <u>Name</u> <u>Address</u> Type of Action _□ Add □ Remove ☐ Change □ Add □ Remove _□ Ghange □ Add ထ် □ Remave _ Change □ Add □ Remove _□ Change _□ Add _□ Remove _□ Change _□ Add ☐ Remove

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| ffect | tive date, if other than the date of filing: (optional) |
| an ef | Tective 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 605.02 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed |
| | nent's effective date on the Department of State's records. |
| | |
| | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier a 90th day after the record is filed. |
| | |
| ated | March 1 , 2014. |
| | DMALD ROUL |
| | Signature of a member or authorized representative of a member |
| | Signature of a member of authorized representative of a member |

Page 3 of 3

Filing Fee: \$25.00