

L16000173309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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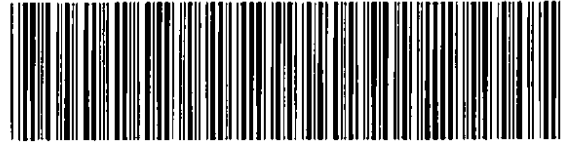
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHESED PROPERTIES LLC

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:

Dvora Weinreb, Esq.

Name of Person

Law Offices of Dvora M. Weinreb, P.A.

Firm/Company

20283 State Road 7, Suite 400

Address

Boca Raton, FL 33498

City/State and Zip Code

dvora@dwpalaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dvora Weinreb

954

274-7730

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

Mailing Address:

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

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**

CHESED 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 09/16/2016 and assigned
Florida document number L16000173309.

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:

VENEGAS, CARLOS

New Registered Office Address:

151 SW PALM DRIVE APT 106

Enter Florida street address

Port St. Lucie

City

Florida 34986

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.

Carlos Venegas

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>	<u>Address</u>	<u>Type of Action</u>
MGR	C2Y INVESTMENT PROPERTIE	20598 CAROUSEL CIRCLE W	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33434	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	AHARON, MICHAEL	20598 CAROUSEL CIRCLE WEST	<input type="checkbox"/> Add
		BOCA RATON, FL 33434	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMGR	PFEIFFER, ALLEN	400 WARWICK AVENUE	<input type="checkbox"/> Add
		TEANECK, NJ 07666	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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Dated _____, _____

Typed or printed name of signee

Filing Fee: \$25.00