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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAX SAVERS Account Number : I20150000107 Phone : (941)625-1925 Fax Number : (941)625-1526

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_whbarron5@gmail.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE CHARLOTTE MANAGEMENT GROUP LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## THE CHARLOTTE MANAGEMENT GROUP LLC

The Articles of Organization for this Limited Liability Company were filed 04/29/2017 and assigned on Florida document number L17000095493  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  CHARLOTTE INVESTMENTS FL LLC  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  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)	(Name of the Limited Liability Co. (A Florida Limi	mpapy as It now app ted Liability Company	ears on our records.)	
CHARLOTTE INVESTMENTS FL LLC  The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC."  Enter new principal office address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:	on Florida document number L17000095493	any were filed _	04/29/2017	and assigned
(Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:	CHARLOTTE INVE	STMENTS	FL LLC	obreviation "L L C."
Enter new mailing address, if applicable:	Enter new principal offices address, if applicable:			
· · · · · · · · · · · · · · · · · · ·	(Principal office address MUST BE A STREET ADDRESS	<u> </u>	<del></del>	
			· · · · · · · · · · · · · · · · · · ·	23
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:		ce address on our	records, <u>enter the nan</u>	ne of the new register
Name of New Registered Agent:	Name of New Registered Agent:			7
New Registered Office Address:				င္ပ်ာ
Enter Florida street address  Florida	New Registered Office Address.	Enter F		7
City Zip Code	<del></del>	City	, r jui lus	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 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

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ffective date, if other than than effective date is listed, the date in ote: If the date inserted in this occurrent's effective date on the	block does not meet i	the applicable su	of filing or more than 90 stutory filing requires	(optional)  days after filing.) Pursuant nents, this date will not b	to 605,0207 be listed as
record specifies a delayed effect is filed.	ive date, but not an e	:ffective time, at	12:01 a.m. on the ear	lier of: (b) The 90th da	y after the
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