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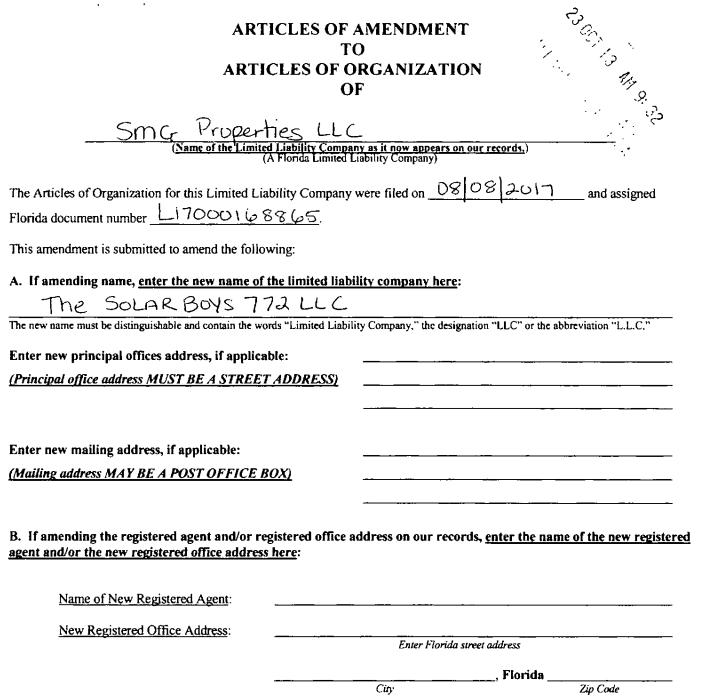
Tallahassee, FL 32314

TO:	Registra Division						
CHB IE		G PROPI	ERTIES LLC				
SUBJEC	~1; <u> </u>		Name of Lim	ited Liability Company			
The encl	osed Arti	cles of A	mendment and fee(s) are sub	mitted for filing.			
Please re	eturn all co	orrespon	dence concerning this matter	to the following:			
			GARCIA, SAVITRI				
				Name of Person	•		-
			SMG PROPERTIES LLC				
				Firm/Company			-
			1497 SE MINORCA AVE				
				Address			-
			PORT ST LUCIE, FL 349	52			
				City/State and Zip C	ode		-
			•				
			E-mail address: (to be used for future an	nual report notifi	ication)	
For furth	er inform	ation co	ncerning this matter, please co	_			
SAVITE	u garci	'A		3495 2	772- 626-5569)	
		Name of	Person	Area Code	Daytime	Telephone Numbe	r
Enclosed	l is a chec	k for the	following amount:				
න් \$2 5.	00 Filing	Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Cop	у	Certifica Certified	ite of Status & I Copy
						•i a.n	
	_						
	eturn all correspondence concerning this matter to the following: GARCIA, SAVITRI Name of Person SMG PROPERTIES LLC Firm/Company 1497 SE MINORCA AVE Address PORT ST LUCIE, FL 34952 City/State and Zip Code Michellegarcia@bellsouth.net E-mail address: (to be used for future annual report notification) her information concerning this matter, please call: RI GARCIA Name of Person Area Code Daytime Telephone Number d is a check for the following amount: d is a check for the following amount:						

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			□Change
			□Add
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			□Change
			□Add
			□Remove
			[] Change
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effecti te: If t	ve date is listed, the d the date inserted in 's effective date on	ate must be spec this block doe	ific and canno s not meet th	e applicable		re than 90 days at	ter filing.) Pursua	
cord sp s filed.	pecifies a delayed e	ffective date,	but not an eff	ective time, a	at 12:01 a.m. o	n the earlier of:	(b) The 90th	day after the
ed 10/	/09/2023							
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Filing Fee: \$25.00