

48000037233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

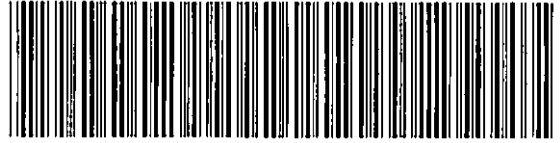
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800431204458

RECEIVED
JUL 12 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED
2024 JUL 12 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CLINT
07/12/24

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 543429 8365538

AUTHORIZATION :

COST LIMIT : \$ 25.0

ORDER DATE : July 9, 2024

ORDER TIME : 2:03 PM

ORDER NO. : 543429-005

CUSTOMER NO: 8365538

CLERK OF STATE
TALLAHASSEE, FL

JUL 12 AM 8:51

630

DOMESTIC AMENDMENT FILING

NAME: CHELSTON REAL ESTATE LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Shauna Godbolt -- EXT#

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Chelston Real Estate 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:

RENEE MONTERO

Name of Person

BP TAX ADVISORY LLC

Firm/Company

848 BRICKELL AVENUE SUITE 203

Address

MIAMI FLORIDA 33131

City/State and Zip Code

soportelc@bptax.com

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

RECEIVED
JUN 12 AM 8:51
TALLAHASSEE, FL
DIVISION OF STATE

For further information concerning this matter, please call:

RENEE MONTERO

Name of Person

305 400 4975
at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Chelston Real Estate 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 02/09/2018 and assigned
Florida document number L18000037233.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Chelston EdgeWater LLC

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:

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

2025 12 AM 8:51
CLAY COUNTY OF STATE
LAHASSEE, FL

12 AM 8:50
OFFICE OF STATE
ATTORNEY, FL

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 09th day of July, 2024

Typed or printed name of signee