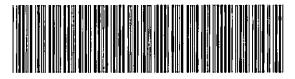
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COVER LETTER

Registration Section TO: **Division of Corporations** CKV PROPERTY M-4, LLC SUBJECT: _ 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: BRUCE VANDERLAAN Name of Person BRUCE H. VANDERLAAN, ATTORNEY AT LAW, PA Firm Company 1500 ROYAL PALM SQUARE BOULEVARD Address SUITE 101 City/State and Zip Code FORT MYERS, FL 33919 E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: BRUCE VANDERLAAN Daytime Telephone Number Name of Person Enclosed is a check for the following amount:

Mailing Address:

■ \$25.00 Filing Fee

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

☐ \$30.00 Filing Fee &

Certificate of Status

Street Address:

☐ \$55.00 Filing Fee &

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(additional copy is enclosed)

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

□ \$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

(Name of the Education (A Florida Limited	pany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compar Torida document number L19000180072	y were filed on 7/12/2019	and assigned
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited li	ability company here:	
CKV REAL ESTATE, LLC The new name must be distinguishable and contain the words "Limited Lie	ability 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 OF FIGE 65217		
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered offagent and/or the new registered office address here:	ice address on our records, enter	the name of the new registe
D. If amonding the registered agent and/or registered off	ice address on our records, <u>enter</u>	the name of the new registe
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>enter t</u> Enter Florida street addres	

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

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
		 	□Add
	"		□Remove
			☐ Change
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Effective date, if other than the fan effective date is listed, the date in Note: If the date inserted in this document's effective date on the	oroon woon not met	ceme appriçap	date of filing or more le statutory filing re	(option than 90 days after fil equirements, this d	al) ing.) Pursuant to 605.020' ate will not be listed as
e record specifies a delayed effect d is filed.	ive date, but not an	i effective time	e, at 12:01 a.m. on t	the earlier of: (b)	The 90th day after the
Dated April 29th	_	2023			
Dated			•		
Levin Stange	n.				
Dated April 29th Levin Slaugh	Signature of a mer	mber or authoriz	ed representative of a	nember	

Pili II assoc