L19000287920

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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22 APR 12 AM 9: 36

T. MATTHEWS
MAY - 3 2022

COVER LETTER

Registration Section
Division of Corporations

< TO:

CHOOGEM PROPERTIES 1378, LLC				
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	PAMELA MCKINNEY C			
		Name of Person		
	SUMMIT QUEST INC			
		Firm/Company		
	3433 E GULF TO LAKE	HWY		
		Address		
	INVERNESS, FL 34453			
•		City/State and Zip Code		
	PAMMCKINNEYUS@GM			
	E-mail address: (to be used for future annual report not	ification)	
For further information of	concerning this matter, please c	all:		
PAMELA MCKINNEY		352 344-8042 at ()		
Name o	of Person	Area Code Daytin	e Telephone Number	
Enclosed is a check for t	he 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 Addre Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro	rporations	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIVISION OF CORPORATION:

CHOOGEM PROPERTIES 1378, LLC

22 APR 12 AM 9: 36

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	City	Zip Code
		, Florida
New Registered Office Address:	Enter Florida str	reet address
Name of New Registered Agent:		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our record	ls, enter the name of the new registered
(Mailing address MAY BE A POST OFFICE BOX)		
(Mailing address MAY BE A POST OFFICE BOX)		
Enter new mailing address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new principal offices address, if applicable:	<u> </u>	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
A. If amending name, enter the new name of the limi	ited liability company here:	
This amendment is submitted to amend the following:		
Florida document number L19000287920	<u>_</u> .	
The Articles of Organization for this Limited Liability C		and assigned

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR STEFANI CIRIC	STEFANI CIRIC	PO BOX 1236	🗆 Add
		HERNANDO, FL 34441	■ Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
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If an cff Note:	ve date, if other than the date of filing:
e recore	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	APRIL, 2ND
	Signature of a member or authorized representative of a member

E. 635.00