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SECRETARY OF SECTIONS
OF CORPORATION

22 APR 12 AM 9: 36

T. MATTHEWS

COVER LETTER

TO: Registration Se Division of Cor				
	M PROPERTIES 4369, LLC			
SUBJECT:	Name of Limi	ted 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	PA		
		Name of Person		
	SUMMIT QUEST INC			
		Firm/Company		
	3433 E GULF TO LAKE F	łWY		
		Address		
	INVERNESS, FL 34453			
		City/State and Zip Code		
	PAMMCKINNEYUS@GM E-mail address: ()	AIL.COM to be used for future annual rep	ort notification)	
For further information of	oncerning this matter, please ca			
PAMELA MCKINNEY		352 344-8	042	
Name o	f Person		Daytime Telephone Number	_
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclos	Certificate of Certified Cop (additional copy	f Status & Dy
<u>Mailing Addre</u>	<u>ss:</u>	Street Add		
Registration		_	on Section of Corporations	
Division of C P.O. Box 632	-		re of Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



CHOOGEM PROPERTIES 4369, 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)

The Articles of Organization for this Limited Liability Company were filed	on 11/19/2019 and assigned
Florida document number L19000287943	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	oany here:
The new name must be distinguishable and contain the words "Limited Liability Company	y," 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 agent and/or the new registered office address here:	n our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
Er	nter Florida street address
	, Florida Zip Code
City	z.p Coae
No. 13 14 24 At Ct water Calamin Decision Agents	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree to act in	

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
MGR	STEFANI CIRIC	PO BOX 1236	
		HERNANDO, FL 34441	■Remove
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			Псточе
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cord specifies s filed.	a delayed eff	ective date, b	ut not ar	effective	time, at 12	l:01 a.m. or	the earlic	er of: (b)	The 90th day	y after the
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