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COVER LETTER

| Division of Corporations |
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| SUBJECT: ChunG2 Babar Properties 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: |
| Charmaine J. Chung Name of Person |
| Firm/Company |
| 9150 Pershore Place |
| City/State and Zip Code Charmoning Chungson amonil. Com Chungbarbar properties Egmail. Com Chungbarbar properties Egmail |
| Charmon ne Chun 150@ amoi 1. Com Chunghar properties @grail, a E-mail address: (No be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Charmaine Chung at 754 779-3455 28 8 Area Code Daytime Telephone Number 2 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 |
| Enclosed is a check for the following amount: \$\sum_{\text{\$\frac{1}{2}}}\$ |

TO:

Registration Section

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 ARTICLES OF ORGANIZATION

| Chung | & Barbar | Proper | ties, | CLC | |
|-------|------------------------------------|-------------------|--------------|------------------------|--|
| | (Name of the Limited Lin (A Flo | ability Company | as it now ap | pears on our records.) | |
| | (A Fl | orida Limited Lia | bility Compa | ny) | |
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The Articles of Organization for this Limited Liability Company were filed on +ebruary 17, 2020 and assigned Florida document number L 20000053459. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 City 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> | Address | Type of Action |
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| - | ΩI | Signature of a m | ember or authorize | ed representative of a | i incinoci | | |