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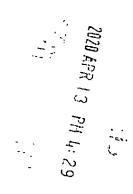
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Special Instructions to	Filing Officer:	

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O SIMMONS APR 23 2020

## **COVER LETTER**

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Division of C	orporations		
SUBJECT:	Name of Lin	TT Properti	es LLC.
The enclosed Articles of	of Amendment and fee(s) are sul	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	<u>Chris</u>	Stopher Klane Name of Person	
	CK &	X MTT Properti	es Uc.
	827	5w 18 5+	
	Fort Lu	City/State and Zip Code	33315
	E-mail address:	Chystate and Zip Code  LOG D Hot Mail  To be used for future annual report notion	ication)
For further information	concerning this matter, please of	all:	
Name	of Person	at () Area Code Daytime	e Telephone Number
Englosed is a check for	the 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)
<u>Mailing Addr</u> Registration Division of		Street Address: Registration Sec Division of Cor	

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CK & MTT	properties 2000 13 PH 4: 29  ed Liability Company)
( <u>Name of the Limited Liability Com</u> (A Florida Limite	apany at it now appears on our records.) 429 ed Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L 200000 5630</u> Y	my were filed on $\frac{2/19/20}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia    The new name must be distinguishable and contain the words "Limited Lia	
The new name must be distinguishable and contain the words "Limited Lia	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)	<u> </u>
Enter new mailing address, if applicable:	NA
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	NA
New Registered Office Address:	NA Enter Florida street address
	MA . Florida MA 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 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				•
Title Name		Address	2020 APR 13	Type of Action
AMBR Christoph	u Keanp	927 5	v 1257.	\( \text{Add} \)
AMBR Christoph (Authorized Person	petail)	Fort	v 1257.	3315 Remove
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ord specifies a difiled.	elayed effectiv	ve date, but no	t an effective	time, at 12:	01 a.m. on the	earlier of: (b)	The 90th da	y after
d	8/20			·				
		Signature of a	member or auth	orized repre	sentative of a me	mber	<del></del>	