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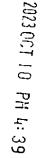
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| Special Instructions to F | Filing Officer:   |             |
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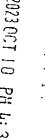
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October 4, 2023

VIA Mail

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

RE: Charlee Properties LLC

To Whom it May Concern:

Please find the following enclosed:

- Cover Letter
- Check #6028 in the amount of \$25.00 for LLC Filing Fee
- Articles of Amendment to Articles of Organization of Charlee Properties LLC

If you have any questions, please do not hesitate to contact our office at 239-776-7163.

Sincerely.

Regen Cona Legal Assistant admin@cona.law

## **COVER LETTER**

| TO: Registration So<br>Division of Cor |  |  |  |
|--|--|--|--|
| SUBJECT:                               | Charlee M                                    | Coperties LLL 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:  |  |
|  | Chi  | Name of Person   |  |
|  | C  | ONA LAW P  | UL   |
|  |  | T Airpult Rond Address   | , Nite 201   |
|  |  | VANLE), Plu 74<br>Chy/State/and Zip Code                         |  |
|  | E-mail address: (                            | Ulent Email un<br>to be used for future annual report noti       | file fication)   |
| For further information c              | oncerning this matter, please ca             | all:   |  |
| Name o                                 | Person                                       | at (239) 234<br>Area Code Daytim                                 | - 6822<br>e Telephone Number   |
| Enclosed is a check for th             | ne following amount:                         |  |  |
| \$25.00 Filing Fee                     | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|  |  |  |  |

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 TO ARTICLES OF ORGANIZATION **OF**

| (Name of the Limited Liability Compa<br>(A Florida Limited L  | uperties UL  |
|---|--|
| ( <u>Name of the Limited Liability Compa</u><br>(A Florida Limited L  | y as it now appears on our records.) lability Company)           |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L20000113827</u> .       | were filed on $\frac{4/21/20}{}$ and assigned                    |
| This amendment is submitted to amend the following:   |  |
| A. If amending name, enter the new name of the limited liabi  | lity company here:   |
| The new name must be distinguishable and contain the words "Limited Liabili   | ity 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)   | 2023   |
|   | 3 7  |
| Enter new mailing address, if applicable:   |  |
| (Mailing address MAY BE A POST OFFICE BOX)  |  |
|   | <u> </u>   |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | ddress on our records, enter the name of the new registere       |
| Name of New Registered Agent:   |  |
| New Registered Office Address:  | Enter Florida street address                                     |
|   | , Florida  |
|   | City 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 Changing Registered Agent, Signature of New Registered Agent

If aniending 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     |
|--------------|--|--------------------------|--------------------|
| Ambr         | LAVIA L. TIAlger                               | 2373 Gulf of Mexiti Or.  | <u>·</u> □Adđ      |
|              |  | #A-2                     | Remove             |
|              |  | Lungboat Key, Fla 3427   | <b>1 §</b> □Change |
| Ambr         | HArvey A. Sheldon                              | 2333 Gulf of Mexico DII. | <u>/e</u> □Add     |
|              | ·  | #A-2                     | Remove             |
|              |  | Longbout key, flu 3422   | 8 □ Change         |
| Ambr         | The Sheldon Trager family<br>Trust UTD 3/31/23 | 2333 Gulf of Mexico P    | rive XAdd          |
|              |  | #A-2                     | □Remove            |
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|                                    | and the things  |             |
| effective date                     | e, if other than the date of filing:  | 605.020     |
| <u>e:</u> If the da<br>ument's eff | ite inserted in this block does not meet the applicable statutory tiling requirements, this date will not be lective date on the Department of State's records. | isted as    |
|                                    |   |             |
| cord specific                      | es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a   | fter the    |
|                                    |   | -           |
| ed                                 | $\sqrt{\frac{V/4/2}{2}}$ .  |             |
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