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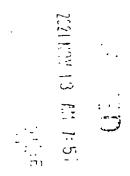
(Requestor's Name)
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A. BUTLER
DEC - 8 2021

COVER LETTER

	tegistration Se Pivision of Cor						
CHD (EC)	CHARLES	TON COURT APARTMENT	S, LLC				
SUBJECT	ı:	Name of Limited Liability Company					
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please retu	ım all correspo	ndence concerning this matter	to the following:				
		LINDA BERGER Lin	ida Wakh				
			Name of Person				
		WALSH DEVELOPMEN	T GROUP, LLC				
			Firm/Company				
		16 RIKER AVE					
			Address				
SANTA ROSA BEACH, FL 32459							
			City/State and Zip Code				
		LINDA@WALSHDEVEL	OPMENTGRP.COM				
		E-mail address:	to be used for future annual report no	otification)			
For furthe	r information c	oncerning this matter, please o					
LINDA B	ERGER Lic	ida Walsh	912 655-5650				
		f Person	912 655-5650 at () Area Code Dayti	me Telephone Number			
Enclosed i	is a check for th	ne following amount:					
\$25.0	0 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 Addres</u> Registration S		Street Address: Registration S	ection			
	Division of C		Division of Co	orporations			
	P.O. Box 632		The Centre of	Tallahassee oe Street, Suite 810			
1	'allahassee, l	rl 32314	2413 IN. MONI	oc succi, suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHARLESTON COURT APARTMENTS, LLC

company has been notified in writing of this change.

2021 NOY 18 AT 7: 5:

(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 L	iability Company were filed on $\frac{0}{1}$	2/17/2020 and assigned	
Florida document number L20000208466			
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liability company h	<u>ere</u> :	
The new name must be distinguishable and contain the v	words "Limited Liability Company," the	designation "L.L.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applic	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and/or agent and/or the new registered office addresses	•	records, <u>enter the name of the new registerec</u>	
Name of New Registered Agent:	WALSH DEVELOPMENT GRO	DUP, LLC	
New Registered Office Address:	16 RIKER AVE		
	Enter Florida street address		
	SANTA ROSA BEACH	, Florida 32459 Zip Code	
	City	Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as registere	ed 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

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	LARRY WALSH	16 RIKER AVE	
		SANTA ROSA BEACH, FL 32459	≣Remove
			☐ Change
			⊢Add
			🗀 Remove
			□Change
			Remove
			☐ Change
			⊔Add
			□Remove
			Change
			L.J Add
			□ Remove
		NIA C	□ Change
			∐Add
		 	Remove
			□Change

ti amenung	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
-	
	
	
Note: If the d	e, if other than the date of filing:
he record specif ord is filed.	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Signature of a member or authorized representative of a member
	Signature of a member of audiorized representative of a member

Filing Fee: \$25.00