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(Re	equestor's Name)	<del></del>
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
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## **COVER LETTER**

TO: Registration Section

Division of Co	prporations		
Charleston	n Communities II, LLC		
SUBJECT:	n Communities II, LLC  Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
	Donna Damonte		
		Name of Person	
	Jonathan James Damonte	Chartered	
		Firm/Company	
	12110 Seminole Blvd.		
		Address	<del></del>
	Largo, FL 33778		
		City/State and Zip Code	
	ddamonte@damontelaw.co		
		to be used for future annual report not	tification)
For further information of	concerning this matter, please o	rall:	
Donna Damonte		727 586-2889 at ()	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
☐ S25.00 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)
Mailing Address Registration: Division of C P.O. Box 632 Tallahassee,	Section Corporations 17	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Charleston Communities II, LLC	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company) 120; -9 [; 9: 59
he Articles of Organization for this Limited Liability Company	were filed on August 25, 2020 and assigned
lorida document number L20000264539	
his amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	dlity company here:
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7241 Little Road
Principal office address MUST BE A STREET ADDRESS)	New Port Richey, FL 34654
inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	nddress on our records, enter the name of the new reg
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 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>	<u>Address</u>	Type of Action
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		<del>-</del>	□Remove
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