L21000060976

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	 -
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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09/29/22--01013--002 **25.00

SECRETARY OF STATE
SECRETARY OF STATE
NO. SEP 29 PM 2: 40'

COVER LETTER

TO:	Registration Division of C			
SUBJE		OPERTY LLC		
SOBJE	C1:	Name of Lin	nited Liability Company	
The enc	losed Articles o	of Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all corresp	condence concerning this matter	to the following:	
		Joseph Locker		
			Name of Person	
		#5794 PROPERTY LLC		
			Firm/Company	
		848 1st Ave N, Suite 300		
			Address	
		Naples, FL 34102		
		·	City/State and Zip Code	
		rlocker@askarmanagement		
For furth	er information	concerning this matter, please c	to be used for future annual report notif	ication)
Joseph L	Locker		239 822-1610 at ()	
	Name	of Person	Area Code Daytime	Telephone Number
Enclosed	is a check for t	he 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)
	Mailing Addre Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	porations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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 Liabilit	y Company were filed on 2/3/21	and assigned
Florida document number L21000060976	·	_
This amendment is submitted to amend the following	;;	
A. If amending name, enter the new name of the l	imited liability company here:	
5794 Property LLC		
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
(Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, ente	er the name of the new register
Name of New Registered Agent:		
- · · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:	Enter Florida street addr	ess
	T.	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

Title	<u>Name</u>	Address	Type of Action
			DAdd
			П Re move
			☐ Change
			□Add
			☐ Change
			□Add
			□Remove
			□Add
			□Кепюче
			□Change
		□Add	
		🗆 Remove	
		□ Change	
		DAdd	
			□Remove
			∏Change

). If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
Note:	ive date, if other than the date of filing:
e recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	9/19/22
	Signature of a thember or authorized representative of a member
	Joseph Locker, Vice President
	Typed or printed name of signee

Filing Fee: \$25.00