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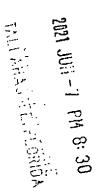
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer.	

Office Use Only



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08/07/21--01085--014 ++28.00



COVER LETTER

SUBJECT: Charling fon Properties LCC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Marka Charles Name of Person	TO: Registration Section Division of Corpor			.\$
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:	SUBJECT:	ington Prop	Perfect LCC	
Please return all correspondence concerning this matter to the following:			, ,	
	The enclosed Articles of Am	endment and fee(s) are sub-	mitted for filing.	
Monika Charles Name of Person	Please return all corresponde	nce concerning this matter	to the following:	
		Monika	Charles Name of Person	
Firm Company			Firm Company	
Fine-Company 2924 Ason Landing rd Address Talla hassee, Ft 32308 City/State and Zip Code Money With Mean Of Person The information concerning this matter, please call: Man of Person Area Code Daytime Telephone Number A is a check for the following amount:				
Talla hassee, FL 32308 City/State and Zip Code		Talla has	City/State and Zip Code	8
E-mail address: (to be used for future annual report notification)	-	MONE 9 E-mail address: ()	WITH MON (1) AME to be used for future annual report notif	acl-Com leation)
For further information concerning this matter, please call;	For further information conc	erning this matter, please co	all;	
Monika Charles Name of Person at (954), 245-5632 Area Code Daytime Telephone Number	Monika Char Name of Pe	/R	at (<u>IS4</u>) <u>Z45 -</u> Area Code Daytime	T632 Telephone Number
Enclosed is a check for the following amount:	Enclosed is a check for the fo	ollowing amount:		
Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy Certified Copy	S25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Address: Registration Section Street Address: Registration Section		tion		ction
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee	Division of Corp			

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Charling fon Pro (Name of the Limited Liability Compa	DCrfies ny as it now appears of	our records.)
(A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000 17555</u>	were filed on	15/702/ and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the desig	nation "ELC" or the abbrevia
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		\$6
		<u> </u>
		PH 8:
Enter new mailing address, if applicable:		- <u>9:</u> 5
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our reco	rds, <u>enter the name of the new registere</u>
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 agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my provided for in Cha	duties, and I am familiar with and pter 605, F.S. Or, if this document is
If Char	iging 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 = Ma	anager athorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBL	Monika Chades	2924 Olson Kanding rd Tallahassee FC, 32308	∕X/Add
		Tallahasse FC, 32308	
			□Change
			□Add
			Remove
			Pal Remove 21 Uil Change 2
			<u></u> <u></u> <u></u> <u></u>
			Elemove
			Change
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			□Remove
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			DRemove
			□Change

_____ □Remove

Effective date, if other than the date of filing: [Sincetive date, if other than the date of filing: [Sincetive date, if other than the date of filing: [Sincetive date is listed, the date must be specific and causes be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 Nate: [The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as becoment's effective date on the Department of State's records. The energy date of the earlier of the filed. Dated [My 29 M] [Signature of a member of authorized representative of a member [Monika Charles]		•	<u> </u>				_						-
ffective date, if other than the date of filing:				=									-
ffective date, if other than the date of filing:												. <u>-</u>	_
ffective date, if other than the date of filing:							_					_	-
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ffective date, if other than the date of filling: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 force: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occument's effective date on the Department of State's records. The 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 list filed. The 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 list filed.										7.	ي	 	•
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		les a delayed e	ffective date, bu	ut not a	n effectiv	e time, a	12:01 a.n	i, on the e	ırlier oft (b) The	90th d	lay afte	er the
	ated M	4 29	th	·	202								
Signature of a member or authorized representative of a member		•			tropy	-							
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Filing Fee: \$25.00