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COVER LETTER

TO:

Registration Section
Division of Corporations

	RS REAL ESTATE		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	TASHKA MOUNTS		
		Name of Person	
	CHAPTERS REAL ESTA	ATE	
		Firm/Company	
	15032 SKIP JACK LOOP		
	_	Address	
	LAKEWOOD RANCH, F	L 34202	
		City/State and Zip Code	
	TASHKAM@ICLOUD.CO	DM .	
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
TASHKA MOUNTS		941 718-0843	
Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a cheek 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 Address Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHAPTERS REAL ESTATE		
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Comparing L21000457707 L21000457707	any were filed on 10/20/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
TASHKA MOUNTS, PLLC		
he new name must be distinguishable and contain the words "Limited Li	iability Company." the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
• •		
Principal office address MUST BE A STREET ADDRESS		<u>-</u>
	· · · · · · · · · · · · · · · · · · ·	2112
		<u></u>
inter new mailing address, if applicable:		<u></u>
Mailing address MAY BE A POST OFFICE BOX)		ک
		- 0 :
		<i>i</i> 55
3. If amending the registered agent and/or registered offingent and/or the new registered office address here:	ce address on our records, <u>enter the</u>	name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	emer r tortaa street adaress	
	, Florid	2
	Civ	Zio 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
		<u>Calabata</u>	□Add
		-	□Remove
			□Change
			□Remove
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Remove
			□ Change
			□Add
			□Remove
			□ Change

Effective date, if other than the date of filing: [If 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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The effective date on the date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the rd is filed. AUGUST 6 2024 Signature of a member or authorized representative of a member TASHKA MOUNTS	PROFESSION: LICENSED I	REAL ESTATE AGENT		<u> </u>	
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