

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Endy Name)
(Document Number)
Certified Copies Certificates of Status
<u></u>
Special Instructions to Filing Officer:





000451560490

05/27/25--01012--015 **25.00

Kr 25,25

COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Co	rporations					
CHIES THE COMP	PROPERTIES 22, LLC					
	Name of Lim	Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	Erjona Mane	Erjona Mane				
		Name of Person				
		Firm/Company				
6305 Naples Blvd. #1111						
	Address					
	Naples, FL 34109					
		City/State and Zip Code				
	erjonamane@gmail.com	to be used for future annual re	mort notification)			
For further information of	concerning this matter, please co		por nomenton,			
Joel A. Threlkeld			- 5034			
Name o	of Person	Area Code	Daytime 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 enclo	Certificate of S	Status &		
Mailing Addres		Street Add				
Registration Division of C			ion Section of Corporations			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

now appears on our records. Company))
iled on <u>06/21/2022</u>	and assigned
ompany here:	
ipany," the designation "LLC"	or the abbreviation "L.L.C."
	<u>:</u>
	,
	,
s on our records, <u>enter th</u>	he name of the new registe
Enter Florida street address	
, Flor	ri da
<u>, , , , , , , , , , , , , , , , , , , </u>	ridaZip Code
	ompany here: apany," the designation "LLC" s on our records, enter the

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 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>	Name	Address	Type of Action
AR	Joel A. Threlkeld	3003 Tamiami Trail N., Ste. 400	= Add
		Naples, FL 34103	□Remove
			□Change
			□Remove
			□Change
			🗆 Add
			□Remove
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(If an effective Note: If	re date, if other than the ctive date is listed, the date in f the date inserted in this nt's effective date on the	ust be specific and can block does not meet	the applicable			ling.) Pursuant to 605	
f the record ecord is file	specifies a delayed effect d.	ive date, but not an e	ffective time,	at 12:01 a.m. on tl	he earlier of: (b)	The 90th day afte	r the
Dated _	May 20		025				
	May 20	Signature of a memb	er or authorized	I representative of a	member		
	Erjona Mane, Manage	er					
		Тур	ed or printed na	me of signee	•		

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Filing Fee: \$25.00