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(Requestor's Name)
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(Business Entity Name)
(Document Number)
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COVER LETTER

Registration Section Division of Corporations

CT:	Name of Lim	ited Liability Company	
osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
eturn all correspo	ondence concerning this matter	to the following:	
	Nicole Qiao		
		Name of Person	
	CHARMER PROPERTY I	MANAGEMENT LLC (correct spi	elling)
		Finn/Company	
	13903 peach orchard way		
		Address	
	winter garden , 34787		
		City/State and Zip Code	
	,	il.com (different from previous)	
	E-mail address; (to be used for future annual report notif	fication)
ner information c	oncerning this matter, please ca	all:	
Qiao Qiao		662 910-6666 at ()	
Name e	of Person		e Telephone Number
d is a check for th	he following amount:		
.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHARMER PROPERTY MANAGMENT LLC

ly has been notified in writing of this change.

(Name of the Lin	ited Liability Co (A Florida Lim	impany as it now appears on our records.) ited Liability Company)		
		any were filed on 10/19/2022	and assigne	÷d
ocument number L22000449980	·			
endment is submitted to amend the fo	llowing:			
ending name, enter the new name	of the limited	liability company here:		
ER PROPERTY MANAGEMENT LLC				
ame must be distinguishable and contain the	words "Limited L	liability Company," the designation "LLC" or the a	bbreviation "L.L,C."	••
ew principal offices address, if applicable:		N/A		
al office address MUST BE A STRE		5)		
			· · · · · · · · · · · · · · · · · · ·	
ew mailing address, if applicable: g address MAY BE A POST OFFICE BOX)		N/A		
	<u> </u>			
			···· _ · ·	
ending the registered agent and/or d/or the new registered office addr	***	ice address on our records, <u>enter the nan</u>	ne of the new re	<u>giste</u>
Name of New Registered Agent:	N/A		2022	
Name Damintaged Offices Addresses	N/A			**
New Registered Office Address:		Enter Florida street address	<u> </u>	
		, Florida		:
		City	Zip Code ∞ ≥2 cn	•
istered Agent's Signature, if changing	Registered Ag	ent:	22. ST	
and the constitute of a register	ad againt and	agree to act in this capacity. I further ay	emia ta asmiali s	aiek

he obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is led to merely reflect a change in the registered office address, I hereby confirm that the limited liability

ding Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added oved from our records:

Manager

= Authorized Member

<u>Name</u>	Address	Type of Action
		LAdd
		□Remove
		☐ Change
		UAdd
		□Remove
		□Change
	****	UAdd
		Remove
		□Change
		□∧dd
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	N/A			
date, if other than the dative date is listed, the date must be the date inserted in this block its effective date on the Department.	te of filing: specific and cannot be prior to does not meet the applica	o date of filing or more ble statutory filing re	(optional) than 90 days after filing.) Po quirements, this date wil	irsuant to 605,0207 (3)ed not be listed as the
pecifies a delayed effective da	te, but not an effective tin	ne, at 12:01 a.m. on t	he earlier of: (b) The 9	Oth day after the
/25	2022			
	·	 -		
	///			
Sign	nature of a member or author	rized representative of a	a member	