# L24000402864

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	] MAIL
(Business Entity Name)	
(Document Number)	
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-11)

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Chalker Real Estate Investment, LLC	<del>_</del> ,
Please Debit FCA000000003 For: 30	
Thank you Seth Neeley	
140/	Art of Inc. File
the state of the s	<del></del>
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art, of Amend, File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Сеп. Сору
	Рhoto Сору
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
,	Officer Search
	Fictitious Search
	Fictitious Owner Search
Signature	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
	UCC II Search
Name Date Time	UCC II Retrieval
Walk-In Will Pick Up	Courier

### COVER LETTER

TO:	New Filing Section Division of Corpora	tions			
SUBJE	CHALKER RE	AL ESTATE INVES	TMENT, L	LC	
	<u></u>	Name of Lin	nited Liabi	lity Company	
The enc	losed Articles of Orga	nization and fee(s) ar	e submitte	d for filing.	
Please r	eturn all corresponden	ce concerning this m	atter to the	following:	
	BRIAN R. HERS	н			
	······		Name of	f Person	
	LAW OFFICE OF	BRIAN R. HERSH			
	·		Firm/Co	ompany	
	1541 BRICKELL	AVENUE, SUITE C	-1407		
			Add	ress	
	MIAMI, FLORID	A 33129		•	
·		C	ity/State ar	nd Zip Code	
	bhershlaw@att.net				
		•		annual report notificati	on)
For further	r information concern	ing this matter, please	call:		
	Brian R. Hersh	30 at (	5	371-6294	
	Name of P	<del></del>		Daytime Telephon	e Number
Enclosed	d is a check for the follow	lowing amount:			
_	00 Filing Fee ==\$	130.00 Filing Fee & rtificate of Status	Certif	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Ade New Filing S Division of C P.O. Box 63 Tallahassee	ection Corporations 27		Street Address New Filing Section Di The Centre of Tallahe 2415 N. Monroe Street Tallahassee, FL 3230	issee et, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2024 OCT -8 PH 9: 35

CHALKER REAL ESTATE INVI	•		201	
(Name of the Lim	ted Liability Comp (A Florida Limited	any as it now appears on o Liability Company)	ur records.): .	ALLANI- JUEE, FL
The Articles of Organization for this Limited I	iability Company	were filed on September	er 18, 2024	and assigned
Florida document number L24000402864	·			
This amendment is submitted to amend the fol-	owing:			
A. If amending name, enter the new name of	of the limited liab	ollity company here:		
N/A				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designat	tion "LLC" or t	ne abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	N/A		
(Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	N/A		
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our record	s, <u>enter the 1</u>	name of the new registered
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Enter Florida stre	eet address	
			, Florida	
		City		Zip Code
New Registered Agent's Signature, if changing	Registered Agent:			

### N

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>	<u>Name</u>	Address	Type of Action
			□Add
			□Change
AMBR	NANCY E. BENOUAICH,	11377 S.W. 85TH LANE	
	TRUSTEE OF NANCY E. BENOUAICH IRREVOCABLE TRUST	MIAMI, FLORIDA 33173	□Remove
			Change
-			
			□Remove
			Change
			□Remove
			Change
<del></del>			□Add
		·	□Remove
			□ Change
			Remove
			□ Change

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Filing Fee: \$25.00