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COVER LETTER

TO:	Registration Se Division of Cor			
eno i		DINGS, LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	 _
The en	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	indence concerning this matter	to the following:	
		Stephen Syfrett		
			Name of Person	
		Syfrett Law PLLC		
		502 Harmon Ave	Firm/Company	
			Address	
		Panama City, FL 32401		
		syfrettlaw@gmail.com	City/State and Zip Code	
			to be used for future annual report notif	fication)
For fu	rther information c	oncerning this matter, please ca	all:	
Steph	en Syfrett		850 692-9612 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclos	sed is a check for th	ne following amount:		
□ \$2	5.00 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)

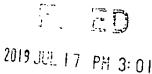
MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



A&J HOLDINGS, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{11/04/2002}{}$ Florida document number L02000029466 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Stephen Syfrett, Syfrett Law, PLLC Name of New Registered Agent: 502 Harmon Ave New Registered Office Address: Enter Florida street address __, Florida 32401 Zip Code Panama City

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.

Stephen Syfrett

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If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 7108A47F-9E52-40EC-BC51-717EB1AA1700 it amenuing Authorized rerson(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
MGR	William Smith		□ Add
		42 Business Center Dr, Unit 106 Miramar Beach, FL 32550	■ Remove
			Change
MGR South Walton Properties, LLC	South Walton Properties, LLC	42 Business Center Dr. Unit 112 Miramar Beach, FL 32550	
			□ Remove
			☐ Change
			Remove
			Change
			Remove
			Change
			Add
		□ Remove	
			□ Change
		Remove	
			Change

cuSign Envelope ID: 7108A47F-9E52-40EC D: Trainending any other inform	:-BC51-717EB1AA1700 ation, enter change(s) here: (Atta	ich additional sheets, if necessary.)
		
		
E. Effective date, if other than the (If an effective date is listed, the date many Note: If the date inserted in this document's effective date on the	ust be specific and cannot be prior to date or block does not meet the applicable stat	(optional) of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(tutory filing requirements, this date will not be listed as the
if the record specifies a delaye (b) The 90th day after the re		ffective time, at 12:01 a.m. on the earlier of:
Dated July 12	2019	
Docusigned William S	imitle	
——5C03AC02F7	Signature of a member or authorized rep	presentative of a member
William Smith		
	Typed or printed name of	of signee

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Filing Fee: \$25.00