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SECRETARY OF STATE

O BRUCE AUG 0 4 2018

COVER LETTER

Division of Cor	porations				
subject: <u>S</u> W	ELCH PROPERTY Name of Lim	MANAGEMENT L ited Liability Company	LC		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Stephen S Welch In 1038 Arco D	Name of Person Nestment Holding Figure Figure Address	os LLC		
		_	322//	2018 JUL 30 SECRETARY (FALLAHASSEE	
For further information e	oncerning this matter, please ca	all:		ar s Srt(o	
Stephen We Name o	Person	at (<u>3/4_</u>) <u>873 -</u> Area Code Daytime	9606 Telephone Number	OF STATE FLORIDA	1,350
Enclosed is a check for the	ne following amount:				
\$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

MAILING ADDRESS: Registration Section

TO:

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

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

Welch Property Man (Name of the Vimited Hability Compar (A Florida Limited I.	agement LC	_
(A Florida Limited I.	iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>July 3, 2018</u> and	assigned
Torida document number <u>L 18000/62119</u>	J ,	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabi</u>	dity company here:	
S Walet Towestment Holding	, LLC	
The new name must be distinguishable and contien the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation	"L.L.C."
Enter new principal offices address, if applicable:	1038 Arco Dr #3	<u> </u>
Principal office address MUST BE A STREET ADDRESS)	_1038 Arco Dr #3 _Jacksonville, FL 32211	
	·	
	1120 Acm No #3	
Enter new mailing address, if applicable:	1038 Arco Dr #3 Jacksonville, FL 32211	/
(Mailing address MAY BE A POST OFFICE BOX)	Oucksonville, PL 32211	<u>'</u>
B. If amending the registered agent and/or registered of		ne of the new
registered agent and/or the new registered office address here	A≥c	20
	다. 무건 연소	
Name of New Registered Agent:		
New Registered Office Address:	SSE SE	3
	Enter Florida street address	a m
	Enter Florida street address Florida City	N Ones
N. D. Complete and		1 1 1 1 1 1 1 1 1 1
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 Changing Registered Agent, Signature of New Registered Agent

or removed from our records: MGR = Manager AMBR = Authorized Member **Type of Action** <u>Address</u> <u>Title</u> Name | _D Add ☐ Change □ Remove _□ Add _□ Remove Challandssee Florida ☐ Remove _ Change _□ Remove _□ Change

. If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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Page 3 of 3

Filing Fee: \$25.00