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R. WHITE 2013

## **COVER LETTER**

TO:	Registration Se Division of Cor				
		LEY FIELD ROAD, LLC			
SUBJECT:  Name of Limited Liability Company					
The enc	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please r	eturn all correspo	ondence concerning this matter	to the following:		
		JAMES L. CHASE			
		CHASE, HIGDON & RALLS	Name of Person S, PLC		
		101 EAST GOVERNMENT	Firm/Company STREET		
		PENSACOLA, FLORIDA 3	Address 2502		
		TCHASE@CHASEATTORN			
For furt	her information e	E-mail address: ( oncerning this matter, please co	to be used for future annual report notifi all:	ication)	
JAMES	S L. CHASE		850 434-3601		
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclose	ed is a check for th	ne following amount:			
<b>■</b> \$25	.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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2019 JAH 30 PH 12: 01

522 SAUFLEY FIELD ROAD, LLC

FIELD ROAD, LLC

SECRETARY

STATE

(Name of the Limited Liability Company as it now appears on our records.) (ALLAMASSEE, FL

The Articles of Organization for this Limited Liability Com	npany were filed on DECEMBER 26, 2018	and assigned
Florida document number L19000000679		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
4522 SAUFLEY FIELD ROAD, LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
	Fiorida	Zıp Code
Nove Demistered Amenth Cineatons of sharping Degistered A		

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

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 = A AMBR = A	Aanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
		<del></del>	☐ Remove
			Change
			Add
			☐ Remove
			Change
			Add
			☐ Remove
			Change
		<u> </u>	
			☐ Remove
			☐ Change
			Add
			Remove
			☐ Change
			□ Remove
			☐ Chance

If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: 11	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 0th day after the record is filed.
Dated _	1/23/19 2010 10/9
	Signature of a member or authorized representative of a member  JAMES L. CHASE
	Typed or printed name of signee

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Filing Fee: \$25.00