L120000 89645

, (Requ	estor's Name)			
(Addre	ess)			
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(City/S	State/Zip/Phone	= #)		
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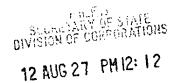
T. HAMPTON

COVER LETTER

TO:	Registration Secondary					
SUBJECT: HARPER FAMILY PROPERTIES LLC						
		Name of Limi	ted Liability Company			
The end	closed Articles of A	Amendment and fec(s) are sub	omitted for filing.			
Please	return all correspon	ndence concerning this matter	to the following:			
		RANDALL SMITH				
Name of Person						
SMITH BROWN						
Firm/Company						
533 VERSAILLES DRIVE SUITE 100						
	Address					
	MAITLAND FLORIDA 32751					
	City/State and Zip Code					
		RANDALLSM E-mail address: (i	IITH@SMITHBROWNLA to be used for future annual report r	AW.COM notification)		
For fur	ther information co	oncerning this matter, please c	all:			
	RAN	DALL SMITH	at (407)	599-0002		
Name of Person		Area Code & Daytime Telephone Number				
		e following amount:				
\$25	.00 Filing Fee	✓\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Osed) Certified Copy (additional copy is enclosed)		
	MAILI	NG ADDRESS:		URIER ADDRESS:		
		ation Section n of Corporations	Registration Se Division of Co			
	P.O. Bo		Clifton Buildin 2661 Executive	g		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



HARPER FAMILY P	ROPERTIE	SLLC		
(Name of the Limited Liability Compar (A Florida Limited L	iy as it now apper liability Company)	ars on our records.)	.	
The Articles of Organization for this Limited Liability Company	were filed on	07/10/2012	and assigned	
Florida document numberL12000089645				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company he	e <u>re</u> :		
TORY VEIGLE PRO				
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Comp	eany," the designation "I	LC" or the abbreviation	
Enter new principal offices address, if applicable:	2095 WEST	FAIRBANKS AVE	NUE	
(Principal office address MUST BE A STREET ADDRESS)	WINTER PARK FLORIDA 32789			
Enter new mailing address, if applicable:	2095 WEST	FAIRBANKS AVE	NUF	
(Mailing address MAY BE A POST OFFICE BOX)	WINTER PARK FLORIDA 32789			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, <u>enter t</u>	he name of the new	
Name of New Registered Agent:				
New Registered Office Address:		77 · 1 - 4 - 4 - 2 - 2 - 2 - 1		
	Enter Florida street address			
	City	, Florida	Zip Code	
	Cay		wy cour	

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> Address Type of Action <u>Name</u> MGR **ROBERT W HARPER** 6917 S. ROUND LAKE ROAD □Add ∇ Remove MT DORA FLORIDA 32757 TOREN J VEIGLE MGR ✓ Add 2095 WEST FAIRBANKS AVENUE WINTER PARK FLORIDA 32789 Remove ☐ Add Remove ∏Add Remove Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 23 **AUGUST** 2012 Signature of a member or authorized representative of a member RPBERT W. HARPER

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00