L000003672

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| MAIL WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Codies Certificates of Status |
| Special Instructions to Filing Officer |
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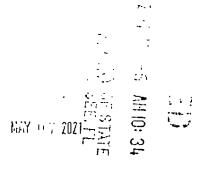
Office Use Only



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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Halstead Properties, LLC | | | |
|--|---|-----------------------------|----------------------|
| (Name of the Limited Liabilit (A Florida | y Company as it now appears o Limited Liability Company) | n our records.) | |
| The Articles of Organization for this Limited Liability Co | ompany were filed on Marcl | n 29, 2000 | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limit | ted liability company here | : | |
| The new name must be distinguishable and contain the words "Limi | ted Liability Company," the desi | gnation "LLC" or the abb | reviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDR | ESS) | , | |
| | | | |
| | | | 3 |
| Enter new mailing address, if applicable: | | · | <u> </u> |
| (Mailing address MAY BE A POST OFFICE BOX) | | | · |
| | | | ازي ا |
| | | : | |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | l office address on our rec | ords, <u>enter the name</u> | of the new registere |
| | | | mi = |
| Name of New Registered Agent: | | | · |
| New Registered Office Address: | | | |
| The registered of the registered. | Enter Floride | a street address | |
| | | , Florida | |
| | City | | Zip Code |

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 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 |
|--------------|-----------------------|-----------------------|----------------|
| AMBR | James Halstead | 585 Bay Cliff Circle | |
| | | Gulf Breeze, FL 32561 | = n |
| | | | □ Change |
| Member | James Halstead | 585 Bay Cliff Circle | □Add |
| | Gulf Breeze, FL 32561 | Remove | |
| | | | □Change |
| MGR | James Halstead | 585 Bay Cliff Circle | |
| | | Gulf Breeze, FL 32561 | ≣Remove |
| | | | ☐ Change |
| | | | □Add |
| | | | □Remove |
| | | | □ Change |
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| | | | □Remove |
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| | | | □Change |

| _ | nding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| If an effe Note: | ve date, if other than the date of filing: |
| e record rd is file | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed. |
| Dated _ | April 20 2021 Signature of a member or authorized representative of a member |
| | |
| | Michael C. Rayboun, Attorney in Fact Typed or printed name of signee |