## L010000009249

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## . COVER LETTER

	Registration Se Division of Cor			
CUDIEC	. Washing	ton Properties, LLC		
SUBJECT	1:	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please reti	urn all correspo	ondence concerning this matter	to the following:	
		MaliVai Washington		
			Name of Person	
		<del></del>	Firm/Company	
		Po Box 3274		
			Address	
		Ponte Vedra, Florida	a 32004	
		<b>**</b>	City/State and Zip Code	
		malwashington2010		
			to be used for future annual report notif	ication)
For furthe	r information c	oncerning this matter, please c	all:	
Mal Wa	shington		904 477-5983	
<del>- / </del>	Name o	f Person		Telephone Number
Enclosed i	is a check for th	ne following amount:		·
□ \$25.00	0 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)
	MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Washington Properties, LLC				
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company	were filed on June 8, 2001	_ and assi	_	
Florida document number L0100009249		要完	15	
This amendment is submitted to amend the following:		一点	HAR -5	FILED
A. If amending name, enter the new name of the limited liabi	ility company here:	Mar.	P M	
Diamond Life Realty, LLC		<del> </del>	درع	
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the abbre	**		
Enter new principal offices address, if applicable:	554 Jacksonville Drive	))) (2)	*	
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville Beach, Florida 3225	0		_
Enter new mailing address, if applicable:	Po Box 3274			
(Mailing address MAY BE A POST OFFICE BOX)	Ponte Vedra, Florida 32004			_
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:		name o	of the	nev
New Registered Office Address:	Enter Florida street address			_
	enier r ioriaa sireei aaaress			

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
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