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(Re	equestor's Name)	
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COVER LETTER

Div	ision of Corp	porations		
SUBJECT:	PROPERTY	Y DISPOSITION I. LIMITED	•	***
		Name of Lim	ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspoi	ndence concerning this matter	to the following:	
		Joann Purdie		
		-	Name of Person	
			Firm/Company	
		2210 ST. JOHNS AVE.		
			Address	
		JACKSONVILLE, FL 322	04	
		jfpurdie@springfieldcapital		
For further is	iformation co	fi-mail address: (i oncerning this matter, please ca	to be used for future annual report notificall:	cation)
Joann Purdie	e		a1(904) 945	-4-231
	Name of	Person		Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	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)
	iling Address		Street Address:	ion

Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROPERTY DISPOSITION I. LIMITED LIABILITY COMPANY (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on January 17, 2002 and assigned Florida document number L02000001320 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Joann Purdie Name of New Registered Agent: 2024 Herschel Street New Registered Office Address: Enter Florida street address

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.

Cin

Jacksonville

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 ramoved from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Thomas J. Purdie	2210 St. Johns Ave., Jacksonville, Florida 32204	
			□Remove
			= Change
AMBR	Joann Purdie	2210 St. Johns Ave., Jacksonville, Florida 32204	= Add
			□Remove
			□ Change
			🗆 Add
			□Remove
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If an effective date is li Note: If the date in	isted, the date must be spo iserted in this block do	of filing:ecific and cannot be prior to pes not meet the applicable and of State's records.	date of filing or more th	ian 90 days after filing.)	
	delayed effective date.	, but not an effective tim		e earlier of: (b) The	90th day after the
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rd is filed.	Jan Purh Signat	2020 Lure of a member or authori	zed representative of a	member mas Purdil	