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(Address)		
(City/State/Zip/Phone #)		
(Business Entity Name)		
(Document Number)	92/97/20+-0	1819881
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COVER LETTER

TO:	Registration Sec Division of Corp			
07/0.11		o Developers III LLC		
SUBJE	CCT:	Name of Limi	ted Liability Company	
The en	closed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Stephen Syfrett, Esq		
			Name of Person	
		Syfrett Law, PLLC		
			Firm/Company	
		502 Harmon Ave		
			Address	
		Panama City, FL 32405		
			City/State and Zip Code	
		syfrettlaw@gmail.com		
		E-mail address: (to be used for future annual report notif	ication)
For fur	ther information c	oncerning this matter, please ca	all:	
Stephe	en Syfrett		850 692-9612	
	Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclos	ed is a check for the	ne following amount:		
■ \$2	5.00 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

DocuSign Envelope ID: 28PB48EF-2292-4F82-8136-AD5CCCB7500D ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

The Calypso Developers III LLC		
(<u>Name of the Limited Liability Compa</u> (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 09/10/2002	and assigned
Florida document number L02000023450		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the c	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	13123 E Emerald Coast Pkwy	
(Principal office address MUST BE A STREET ADDRESS)	Suite B #178	
	Inlet Beach, FL 32461	1820
Enter new mailing address, if applicable:	13123 E Emerald Coast Pkwy	FEB -
(Mailing address MAY BE A POST OFFICE BOX)	Suite B #178	·
intuiting under too marin marin too.	Inlet Beach, FL 32461	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	office address on our records, <u>enter</u> re:	the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u> </u>
	, Florida _ , Cay	Zıp 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 Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 28FB48EF-2292-4F82-8136-AD5CCCB7500D
II amending Authorized rerson(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>	<u>Address</u>	Type of Action
MGR	SM Manager, LLC		
		16470 Freemanville Rd Milton, GA 30004	■ Remove
			Change
MGR	A&J Holdings, LLC	13123 E. Emerald Coast Pkwy Suite B178, Inlet Beach, FL 32461	Add
			Remove
			Change
			☐ Remove
			□ Change
			Remove
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taee	
Note:	we date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
	1/28/2020
Dated_	DocuSigned by:
	Julie L. Lawson
	Signature of a member or authorized representative of a member
	Julie Lawson
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00