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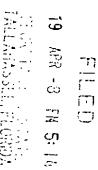


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COVER LETTER,

TO:	Registration So Division of Cor			ਝ
SUBJE	Staff consti	ruction He		
,	· · · · · · · · · · · · · · · · · · ·	Name of Lin	nited Liability Company	
The enc	closed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please r	eturn all correspe	indence concerning this matter	to the following:	
		Michael Staff		
			Name of Person	
		Staff construction He		
			Firm-Company	
		432 Palm AV		
			Address	
		Ormod Beach FL 32174		
		Staff Properties LLC	City/State and Zip Code	
		E-mait address: (to be used for luture annual report notific	cation)
For furt	her information c	oncerning this matter, please co	all:	
Michae	l Staff		326 237-1649 ar ()	
	Name o	l Person	Area Code Daytime	Telephone Number
Enclose	d is a check for tl	ne following amount:		
□ \$25	.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Fiting Fee & Certified Copy todditional copy is enclosed)	□ \$60,00 Filing Fee, Certificate of Status & Certified Copy (addutional 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Staff Construction LLC				
(Name of the Limited	Liability Compa Florida Limited	uiv as it now appears on ou Liability Company)	r records.)	
The Articles of Organization for this Limited Liab	oility Company	were filed on 11/13/200	3 and assign	ned
Florida document number 20-0477867	·			
This amendment is submitted to amend the follow	/ing:			
A. If amending name, enter the new name of t	he limited liab	ility company here:		
Staff Properties LLC				
The new name must be distinguishable and contain the wor-	ds "Limited Liabi	lity Company," the designation	on "LLC" or the abbreviation "L.L.C	
Enter new principal offices address, if applical	ole:	432 Palm AV	9	
(Principal effice address MUST BE A STREET	<u>ADDRESS)</u>	Ormond Beach FL	7	3 "1
		32174	W.	1
Enter new mailing address, if applicable:			****	34 — 1911——
Mailing address MAY BE A POST OFFICE BO	O(X)		<u> </u>	ਜ: = <u>=</u>
			<u> </u>	-1
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered of e address here	fice address on our $\underline{\mathbf{r}}$:	records, enter the name of	the nev
Name of New Registered Agent:	Michael Staff			
New Registered Office Address:	432 Palm AV			
		Enter Florida stree	t address	
	Ormond Beach		, Florida <u>32174</u>	
		Circ	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 ϵ_0 five address, I hereby confirm that the limited liability company has been not field in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
VP	Stephanie Staff	432 Palm AV Ormond Beach FL32174	Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			Change
			D Add
			□ Remove
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		/2019			
ffective date, if other than the an effective date is listed, the date mu lote: If the date inserted in this b becoment's effective date on the I	st be specific and canno lock does not meet th	Che prior to date of re applicable statu	filing or more than 90 o	_ (optional) lays after filing.) Pursuant ents, this date will not b	to 605.0203 be listed as
e record specifies a delaye The 90th day after the rec		but not an eff	ective time, at 1	2:01 a.m. on the	earlier o
ated April 4	201	· · ·			
Michael	Signature of a membe	r or authorized repr	esentative of a membe	г	_
	~	^			

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Filing Fee: \$25.00