L04 0000 86706

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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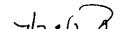




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COVER LETTER

Registration Section Division of Corporations

TO:

	der Properties LLC			
-cubect	Name of Lim	ited Liability Company	 	
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing		
Please return all corresp	ondence concerning this matter	to the following:		
	Anastasia Stuli			
		Name of Person		
	E Alexander Properties LL	C.		
		Firm/Company		
	8067 Fountains Lane			
Address				
	Miramar Beach, FL 32556			
		City/State and Zip Code	 	
	ealexproperties@gmail.com	l		
	E-mail address: (to be used for future annual report notific	cation)	
For further information	concerning this matter, please ca	ai š		
Anastasia Stull		202 316-4562		
Name	of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for	the following amounts.			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy sadditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addn Registration Division of P.O. Box 63 Tallahassee	Section Corporations 27	Street Address: Registration Sectorial Division of Corporate Centre of Taccord 2415 N. Monroe	orations	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E. Alexander Properties LLC			
Name of the Limited Liability Com A Florida Limite	pany as it now appears on our records.) d Liability Company)		
The Articles of Organization for this Limited Liability Compar Florida document number <u>L04000086706</u> .	ny were filed on 12/2/2004	and assigned	
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lis	ability company here:		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the a	bbreviation "L.L.C"	
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)	8067 Fountains Lane Miramar Beach, FL 32559		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the nan		
Name of New Registered Agent:		<u> </u>	
		- -	
New Registered Office Address:	Enter Florida street address	%; G ₂ ,	
	, Florida	<u>ن</u>	
	e see	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 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 removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Change
			
			□Rетюvе
			JRemove
			□Change
			□Remove
			□Change
			□ Add
			Петюче
			□Remove
			☐ Change

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fective date, if other than n effective date is listed, the date ite. If the date inserted in this current's effective date on the	block does not	meet the applica	to date of filing or able statutory fil	more than 90 days a	ptional) fter filing.) Pursuant (this date will not b	o 605,0207 e listed as
ecord specifies a delayed effe is filed.	ctive date, but no	ot an effective ti	me, at 12:01 a.m	a. on the carlier of	: (b) The 90th day	after the
		202 ř	\sim			
June 18.		-·	11/2			
June 18.		nember or autho	Ault prized representati	ve of a member		_