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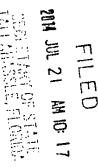
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COVER LETTER

TO: Registration Section **Division of Corporations** Frederick Properties LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Lesley Frederick Name of Person Frederick Properties LLC Firm/Company P. O. Box 971 Address Hobe Sound, FL 33475-0971 City/State and Zip Code yelselnna@bellsouth.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lesley Frederick at (772) 215-5842

Area Code Daytime Telephone Number Name of Person Enclosed is a check for the following amount:

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

■ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

OF

2014 JUL 21 AM 10: 17

Frederick Properties, LLC

SECH TARY OF STATE TALLAHASSLE, FLORIDA

(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 Lia	bility Company	were filed on Decem	nber 30, 2004	and assigned
Florida document number L04000094395				
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabi	ility company here:		
The new name must be distinguishable and end with the w	ords "Limited Liab	ility Company," the design:	ation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applica	ble:	12947 SE Suzar	nne Drive	
(Principal office address MUST BE A STREET	ADDRESS)	Hobe Sound, FL	. 33455	
Enter new mailing address, if applicable:		P. O. Box 971		
(Mailing address MAY BE A POST OFFICE B	(OX)	Hobe Sound, FL	. 33475-0971	
B. If amending the registered agent and/or the new registered offi			records, enter th	e name of the new
Name of New Registered Agent:	Lesley A. F	rederick		.
New Registered Office Address:	12947 SE S	Suzanne Drive		
		Enter Florida stre		
	Hobe Soun	·	, Florida <u>334</u>	55
		City		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 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 = Manager

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
		<u> </u>	□ Add
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ective da	must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ment is filed by the Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00

