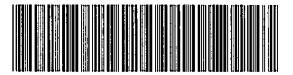
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COVER LETTER

Tallahassee, FL 32314

TO:	O: Registration Section Division of Corporations			
cupic	NO	RA LYNN PROPERTIES LLC		
SORTE	LI:	Name of Lin	nited Liability Company	
The encl	losed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all corre	espondence concerning this matter	to the following:	
		ARNOLD WESTBERRY		
			Name of Person	
		NORA LYNN PROPERT	IES LLC	
			Firm/Company	
		3555 NW 74TH STREET		
			Address	
		MIAMI, FL 33147		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report not	ification)
For furth	ner informatio	on concerning this matter, please		
call: AR	NOLD WES	TBERRY	305 696-4001	
	Nan	ne of Person	at () Area Code Daytim	ne Telephone Number
Enclosed	l is a check fo	or the following amount:		
■ \$25 .	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		on Section f Corporations	Street Address: Registration Se Division of Cor	porations
P.O. Box 6327		5327	The Centre of T	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

NORA LYNN PROPERTIES LLC

(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	6/9/2005	and assigned
Florida document numberL05000057256			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company h	ere:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the	designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>		
(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 a agent and/or the new registered office address here:	address on our 1	ecords, <u>enter the i</u>	name of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	rida street address	
<u></u>		Florida	
	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 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		21 JUL 19 AHII: US	
<u>Title</u>	Name	Address	Type of Action
<u>p</u>	ARNOLD WESTBERRY	3555 NW 74TH STREET	
		MIAMI, FL 33147	■Remove
			□Change
MMBR	ARNOLD WESTBERRY	3555 NW 74TH STREET	■Add
		MIAMI, FL 33147	□ Remove
			□Change
			🖸 Add
			□Remove
			Change
			□Add
			□ Remove
			□Change
·			□Add
			□Remove
		 	□Change
			□Add

______ □ Remove

). If amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	21 JUL 19 AM 11: 05
	
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	.
. Effective date	e, if other than the date of filing:(optional)
(If an effective da	te is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)
document's eff	ate inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the fective date on the Department of State's records.
the record specifi	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
cord is filed.	, , , , , , , , , , , , , , , , , , , ,
Dated	ly 6 2021
x	Muld VhlVN
	Signature of a member or authorized representative of a member
AR	NOLD WESTBERRY
	Typed or printed name of signee

Filing Fee: \$25.00