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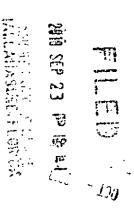
(Re	equestor's Name)	
(Ad	dress)	
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COVER LETTER

TO:	Registration Se Division of Cor	ection Porations		
		E COAST PROPERTY LEASI	NG LLC	
SUBJEC	CT:	Name of Limit	ed Liability Company	
The encle	osed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please re	turn all correspo	ondence concerning this matter to	o the following:	
		Ronnie Laneve		
			Name of Person	······································
		seven seven Investments co	rp	
			Firm/Company	
		PO BOX 7835	cp,	
			Address	
		port st lucie, fl 34985-7835		
		ronnielaneve@bellsouth.net	City/State and Zip Code	
		E-mail address: (t	o be used for future annual report notifi	cation)
For furth	ter information	concerning this matter, please ca	dl:	
ronnie la	aneve		772 475-7869	
	Name	of Person	Area Code Daytime	Telephone Number
Enclose	d is a check for	the following amount:		
■ \$25	.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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TREASURE COAST PROPERTY LEASING LLC

company has been notified in writing of this change.

FILED

The Articles of Organization for this Limited I. Florida document number L05000123497			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name o		nility company here:	
A. It amending hame, enter the new manner	71		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		7139 S US HWY 1	
(Principal office address MUST BE A STREET ADDRESS)		Port St Lucie, Fl. 349	952
Tracipas office and the second			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PO BOX 7835	
		Port St Luice, Fl.	
		34985-7835	
	d/or registered s	office address on ou	r records, enter the name of
B. If amending the registered agent and registered agent and/or the new registered agent. Name of New Registered Agent:	Ronnie Laneve		
registered agent and/or the new registered	office address her	e WY I	
registered agent and/or the new registered of New Registered Agent:	Ronnie Laneve	e	
registered agent and/or the new registered of New Registered Agent:	Ronnie Laneve	e WY I	sn eet address Florida 34952 Zip Code

If Changing Registered Agent, Signature of New Registered Agent

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

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

Title	Name	<u>Address</u>	Type of Action
MGRM	Michael G. Faurot	7139 S US 11WY 1 Port St Lucie, FI 34952	
			Remove
			(Thange
CEO Ronnie A. Laneve	Ronnie A. Laneve	7139 S US HWY 1 Port St Lucie, Fl 34952	A dd
			Remove
			Change
			☐ Remove
			Change
			Add
			Remove
			☐ Change
			Add
			☐ Remove
			Change
			D Add
			☐ Remove
			☐ Change

amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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i an eiic Note:	ve date, if other than the date of filing:
ne rec The	ford 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.
Dated	September 19 2019
	Septensa-19 2019 Signature of a member or authorized representative of a member
	Michael G. Faurot
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00