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TO: Registration S Division of Co					
SUBJECT:Caroli	na Investment Properties, LLC	S. 11 (1) (1) (2)			
	Name of Lin	nited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	oondence concerning this matter	to the following:			
	Nicholas V. Pulignano, Jr.				
		Name of Person			
	Marks Gray, P.A.				
		Firm/Company			
		Address			
	Jacksonville, FL 32201				
		City/State and Zip Code			
	nvp@marksgray.com		-		
		to be used for future annual report notif	ication)		
For further information	concerning this matter, please c	all:			
Nicholas V. Pulignano	. Jr.	904 631-2578 at ()		020 A Ecri	en-pe
Name	of Person	Area Code Daytime	Telephone Number	SECRETARY SECRETARY	ا او بحودته ۹ بستاند در
Enclosed is a check for	the following amount:		·	S000 ₹	; ; ; ;
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing ☐ Certificate of Certified Cop (additional copy	Status & 2	لویی
Mailing Addr Registration		Street Address: Registration Sec	ction		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Carolina Investment 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 June 28, 2006 and assigned Florida document number L06000065576 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 4567 Ortega Island Drive Enter new principal offices address, if applicable: Jacksonville, FL 32210 (Principal office address MUST BE A STREET ADDRESS) 4567 Ortega Island Drive Enter new mailing address, if applicable: Jacksonville, FL 32210 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	David Siegmund	95054 Royal Palm Court	□Add
		Fernandina Beach, FL 32034	■Remove
			☐Change
MGR	Susan Siegmund	95054 Royal Palm Court	□Add
		Fernandina Beach, FL 32034	70
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(If an effective of Note: If the	ate, if other than the date is listed, the date in date inserted in this effective date on the	ust be specific and block does not m	cannot be prior to leet the applicab	date of filing o	r more than 90	(optiona) days after fili ments, this da	ng.) Pursuant to	605.020 listed a	17 (3) s the
the record spec cord is filed.	cifies a delayed effect	ive date, but not :	an effective tim	e. at 12:01 a.i	m. on the ear	lier of: (b)	The 90th day :	after the	2
Dated Aug	gust 4	Signature of a fr	2020					_	
		Signature विश्व ते	lember or Juthori	zed representat	tive of a memb	per	-	_	
	Sicholas V. Pulignand), Jr. / // // // // // // // // // // // //	ACER Typed or printed	name of sioner	,,			-	

Filing Fee: \$25.00