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COVER LETTER

TO:

Registration Section

Registration Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Cor	porations		
SUBJECT: Con 47	tal Propertie	s Maintenance ited Liability Company	e Gerrices, LLC.
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Name of Person Leatures, Firm/Company Solols of Tal. Address Tosa Theach City/State and Zip Code Coasta Leom Pan, to be used for future annual report notif	Inc. Box 1A
For further information c	oncerning this matter, please co	all:	
Park-	Johnson Person	at (<u>615</u>) <u>330</u> Area Code Daytime	5932 Telephone Number
Enclosed is a check for the	he 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)
MAIL	ING ADDRESS:	STREET/COURH	ER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 4/20/2009 and assigned 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 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) 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: Ted Ventures, Inc.
161 Golds by Road, Box 1A

Eher Florida street address Name of New Registered Agent: New Registered Office Address: Gunta Roya Boac L. Florida_ 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.

Page 1 of 3

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 = 3 AMBR =	Manager Authorized Member	
Title MGP	Constal Proporties	Address 1714 Emeralel Coast Play FC 32556 Suite 10517 Minute - Thenh - Add C.
	Holding Gerricos, In	C. Memove
		16/ 6ddsby Rd. Box 1A Change Santa Rose Beach, FC 32459
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ective date, if other than the	date of filing: 9/1	14/2016 (optional)
reffective date is listed, the date must te: If the date inscrted in this blo	be specific and cannot be prior to o	date of filing or more than 90 days.	after filing.) Pursuant to 605.0207 (, this date will not be listed as th
rument's effective date on the De			
	**		
record specifies a delayed The 90th day after the reco		an effective time, at 12:0)1 a.m. on the earlier of:
. ()	4		
ed 9/18	2016		
•	16.10	~//(
			
	Signature of a member or authoriz	red representative of a member	

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Filing Fee: \$25.00