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(Cit	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	
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(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
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COVER LETTER

	gistration Sec ision of Corp				
SUBJECT:	BFRE Renta	I, LLC			
SUBJECT:		Name of Limi	ited Liability Company		
The enclosed	d Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		,
		Tina Beckman			
			Name of Person	·	
		The Private Client Law Gro	oup		
			Firm/Company		
		75 14th Street NE, Suite 22	200		
	Address				
		Atlanta, GA 30309			
			City/State and Zip Code		
		tbeckman@tpclg.com			D 2
		E-mail address: (to be used for future annual report notificati	on)	2015
For further i	nformation co	ncerning this matter, please ca	all:	発品を	
Tina Beckm			404 974-3484 at ()	ARY O SSEE	
	Name of	Person	Area Code Daytime Tel	ephone Number 17	
Enclosed is	a check for the	e following amount:		TATE ORIDA) 58
\$25.00 B	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing l Certificate of Certified Cop (additional copy	Status &

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

DI RE Reital, EEC		
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number L08000049288	ny were filed on 05/16/2008	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
Finch Properties, LLC		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered		SEGRE JUL T
registered agent and/or the new registered office address b	iere:	See on
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	•
	City , Florida	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 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>	Address	Type of Action
			Add
			□ Remove
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			□ Change
			TALLAHAI JUL
			Remove
			SECRETARY OF STATE Add
			Add
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five date, if other than t ffective date is listed, the date r	he date of filing: nust be specific and cannot be p	prior to date of filing	or more than 90 days	optional) safter filing.) Pursuant to 60
If the date inserted in this	block does not meet the ap Department of State's reco	plicable statutory	filing requirements	s, this date	will not be list
	•				
cord specifies a delay e 90th day after the r	ved effective date, but ecord is filed.	not an effecti	ve time, at 12:	01 a.m.	on the earli
June 30	, 2015	,			
	Pochmom Signature of a member or	<u></u>			

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Typed or printed name of signee

Filing Fee: \$25.00