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COVER LETTER

то:	Registration S Division of Co	section orporations		A
eun iez		ller Lee Properties, LLC name of	change	
SUBJEC	c1:	Name of Lim	ited Liability Company	`
The enci	losed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all corresp	ondence concerning this matter	to the following:	
		Marie Waller Lee		
			Name of Person	
		Marie Waller Lee Properti	es, LLC	
			Firm/Company	
		1002 Iowa Ave.		
			Address	
		Lynn Haven, FL 32444		
			City/State and Zip Code	
		bwaller@continentalforesti	nc.com to be used for future annual report notif	ication)
For furth	ner information	concerning this matter, please c	•	
Bill Wa	iler		850 832-8346 at ()_	
	Name	of Person	Area Code Daytime	Telephone Number
Enclosed	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

Marie Waller Lee 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 $\frac{12/31/2009}{1}$ and assigned Florida document number L09000123484 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: C. B. Waller Enterprises, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) n/a 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida 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 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
AMBR	Charles Bill Waller	601 E 3rd St.	= Add
		Lynn Haven, FL 32444	□ Remove
			□ Change
			Add
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fective date, if other than the da	ate of filing: 1/1/2016	(optional) g or more than 90 days after filing.) Pursuant to 605.020
n effective date is listed, the date must b	e specific and cannot be prior to date of filing k does not meet the applicable statutory	g or more than 90 days after filing.) Pursuant to 605.020's filing requirements, this date will not be listed as
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Filing Fee: \$25.00