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COVER LETTER

Division of Corp	porations					
SUBJECT:	IGROUP P	ROPERTIES, LLC				
	Name of Lim	ited Liability Company				
			•			
The enclosed Articles of A	Amendment and fee(s) are su	bmitted for filing.				
Please return all correspon	ndence concerning this matte	r to the following:	•			
		Tim Shepard				
	,	Name of Person	<u>.</u>			
		Firm/Company				
•		1033 Napa Way				
,		Address	 ,			
City/State and Zip Code						
	E-mail address: (im@timshepard.com to be used for future annual report notific	cation)			
For further information co	ncerning this matter, please of	eall:				
Name of	Shepard Person	at (<u>850) 259-413</u> Area Code & Daytime	3 3 Telephone Number			
Enclosed 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)			

Registration Section

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

IGROUP P	ROPERTIES, LL	<u>.C</u>		
(Name of the Limited Liability C (A Florida Lin	<u>company as it now appe</u> nited Liability Company)	ars on our records.		
`	, , , , , , , , , , , , , , , , , , , ,			
The Articles of Organization for this Limited Liability Con	npany were filed on	March 11, 2010	and assi	gned
Florida document number L10000027427				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	d liability company he	ere:		
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Comp	pany," the designation "L	LC" or the al	bbreviation
Enter new principal offices address, if applicable:	 			
(Principal office address MUST BE A STREET ADDRE	<u>SS)</u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	<u> </u>		
•				
			, m	
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		our records, enter th	ie-hame of	the new
registered agont and or the new registered office address	is not b.			**************************************
. Name of New Registered Agent:		•	元道	THE SECOND
Name of New Registered Agent.			11/15	
New Registered Office Address:		Y 77 . F		in January 11
•	E	nter Florida street addr	es = =	- (2)
		, Florida		3
	City		Žip 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> <u>Address</u> **Type of Action** MGRM Tim Shepard 1033 Napa Way Niceville, FL 32578 ___ Add ∇ Remove She pard Real Estate Group, LL 1033 Napa Way MGRM ✓ Add Niceville FL 32578 Remove ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) December 15 2010 Dated Signature of a member or authorized representative of a member Tim Shepard Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00