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COVER LETTER

TO: Registration Division of	on Section f Corporations	
	Property Management	
Sobject.	Name of Limited Liability Company	
The enclosed Articles	es of Amendment and fee(s) are submitted for filing.	
Please return all corre	respondence concerning this matter to the following:	
	Jeffrey A. moran	
	Name of Person Moran Property Management	
	Firm/Company 1501 SW CR 778	
	Address Fort White Florida 32038	
	City/State and Zip Code fastcars386@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For further information	on concerning this matter, please call:	
leffrey Moran	386 588-4051 at ()	
Name	at (
Enclosed is a check for	or the following amount:	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Statu 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

Moran Property Management LLC		
(Name of the Limi	ted Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited L. Clorida document number L10000044955	iability Company were filed on 04	and assigned
his amendment is submitted to amend the foll	owing:	I
A. If amending name, enter the new name o	of the limited liability company h	ere:
he new name must be distinguishable and contain the	words "Limited Liability Company," the o	designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applic <u>Principal office address MUST BE A STREI</u>		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE		
3. If amending the registered agent and	/or registered office address or	n our records, enter the dame of the ne
registered agent and/or the new registered o	Sherelle Kendrick	E E
Name of New Registered Agent: New Registered Office Address:	12528 NW 109 Lane	÷
-	Enter Flo	rida street address , Florida 32615
	City	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
V. P	Sherelle Kendrick	12528 NW 109 Lane Alachua, Fl 32615	
			□ Remove
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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.)(b
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.	
, 06/27/19	
Dated	
	ſ
Signature of a member or authorized representative of a member	
Jeffrey A. Moran	
Typed or printed name of signee	

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Filing Fee: \$25.00