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COVER LETTER

	sistration Section ision of Corporations		
SUBJECT:	Larson Property Management, LLC Name of Limited Liability Company	:	
The enclosed	Articles of Amendment and fee(s) are submitted for filing.		
Please return	all correspondence concerning this matter to the following:		
·	Stephen A. Taylor Name of Person Sucrez & Taylor, Attorneys at Firm/Company	Law	
	11900 Biscayne Blvd. Ste. 280	TALLIAH ASSE	20 1
	Miami, FL 33181 City/State and Zip Code in to @ satlegal. com E-mail address: (to be used for future annual report notification)	CONCESSOR OF STATE	
For further in	formation concerning this matter, please call:		
Ste	ephen A. Taylor at (305) 722-009/ Name of Person at (305) 722-009/ Area Code & Daytime Telephone Number	<u></u>	
Enclosed is a	check for the following amount:		
¥\$ 25.00 Fil	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified Copy	of Status &	osed)
,	MAILING ADDRESS: STREET/COURIER ADDRESS:		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Larson Prof	Perty Manageme	ent, LLC		
(A Florida	Limited Liability Company)	is during the state of the stat		
The Articles of Organization for this Limited Liability C Florida document number \(\begin{align*} \lambda 000 / 255\text{64} \\ \dagger*	Company were filed on	12/06/10	_and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company her	<u>·e</u> :		
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Compa	any," the designation "LLC	" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDI	RESS)			
		≱ '∞	261	
	-	>	9	
Fig. 19 33 16 33 33		基式		
Enter new mailing address, if applicable:		25 <u>25 25 25 25 25 25 25 25 25 25 25 25 25 2</u>		
(Mailing address MAY BE A POST OFFICE BOX)	 	m _{Sp}		
			The state of the s	
		20.25	A	
B. If amending the registered agent and/or regist	tered office address on o	our records, enter the	co name of the new	
registered agent and/or the new registered office add		, 		
Name of New Registered Agent:				
		· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:				
	Enter Florida street address			
		, Florida		
	City		ip 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> Address Type of Action MGR ☐ Add ☐ Remove Remove \square Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) December 14 Dated Signature of a member or authorized representative of a member Max Larson
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00