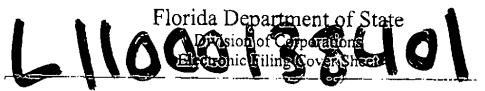
1/6/2021

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ASMA & ASMA, P.A.

Account Number : I20060000067 Phone : (407)656-5750

Fax Number : (407)656-0486

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BRAYTON PROPERTIES, LLC**

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRAYTON PROPERTIES, LLC

| | • | | | |
|--|---|--|----------------------------|-------------------------|
| (Neme of the Li | mited Liability Com (A Florida Limitox | pany as it now appears Lisbility Company) | on our records.) | |
| The Articles of Organization for this Limited Florida document number L11000138401 | Liability Compan | y were filed on 12/0 | 8/20)1 | and assigned |
| This amendment is submitted to amend the fo | pllowing: | | | |
| A. If amending name, enter the new name | of the Umited IIa | bility company here | <u>!</u> : | |
| The new name must be distinguishable and contain the | words "Limited Liab | ility Company," the desi | gnetion "LLC" or the at | obreviation "L.L.C." |
| Enter new principal offices address, if appl | | | 2ber Aver | |
| (Principal office address MUST BE A STRE | | Leesbur | ng F1 347 | 148 |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE | E.BOX | | | |
| B. If amending the registered agent and/or agent and/or the new registered office addr | registered office | address on our reco | ords, <u>enter the nam</u> | e of the new registered |
| Name of New Registered Agent: | DAVID H. RO | | | |
| New Registered Office Address: | 111 W | eber Ave. Enter Florida OUV 9 Gill | street address | |
| | Leesl | ouv q | Florida | 347 4 8 |
| | | Col. | , . 101 104 | 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.

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

| Title | <u>Name</u> | Address | Type of Action |
|-----------|---------------------|------------------------|----------------|
| MGR | JENNIFER LEE ROGERS | 111 Weber Avenue | = Add |
| | | Loesburg Florida 34748 | □Remove |
| | | | Change |
| MGR DAVID | DAVID H. ROGERS | 111 Weber Avenue | = Add |
| | | Leesburg Florida 34748 | 75 |
| | | | Change |
| MGR | MGR STEFAN D. PRICE | 700 WEST BAY STREET | C:Add |
| | | WINTER GARDEN FL 34787 | ■Remove |
| | | | Change |
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| | (optional) office date, if other than the date of filing: (optional) office 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)(b) f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records. |
| cord 1 (ide | 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 d. |
| ed_ | 12/30/20 |
| | Signature of a member of buthonized representative of a member |
| | |
| | |

Filing Fee: \$25.00