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(Re	equestor's Name)	
(Ad	ldress)	
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(Ad	Idress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL MAIL
(Bu	isiness Entity Nai	ne)
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(De	ocument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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	A	. LUNT
		AN 24 2011
	EX	AMINER



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Office Use Only

COVER LETTER

	ision of Corporations	
SUBJECT:	Brittania Properties, LLC	
	Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following:	
	Melissa D. Munroe, Esq.	
	Name of Person	
	谜 23	
	Firm/Company	(C.)
P.O. Box 533942		ZOIZ JAN 23
	Address	ru-s
Orlando, FL 32853		
	City/State and Zip Code	
	mlissamunroe@aol.com E-mail address: (to be used for future annual report notification)	
For further in	formation concerning this matter, please call:	
	Melissa D. Munroe, Esq. at (407) 841-2522	
	Name of Person Area Code & Daytime Telephone Number	
	check for the following amount:	
₹ \$25.00 Fi	Certificate of Status Certified Copy Certificat (additional copy is enclosed) Certified	e of Status &
	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	

Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Brittania Prop	perties, LLC			
(<u>Name</u>	of the Limited Liability Compa (A Florida Limited L	ny as it now appear Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability C		were filed on	1/17/2012	and assigned	
Florida document number					
This amendment is submitted to	amend the following:				
A. If amending name, enter th	e new name of the limited liab	ility company her	<u>e</u> :		
The new name must be distinguish "L.L.C."	able and end with the words "Limi	ited Liability Compa	ny," the designation "	LLC" or the abb	reviation
Enter new principal offices ad	dress, if applicable:			201	
(Principal office address MUST	BE A STREET ADDRESS			JAN AND AND AND AND AND AND AND AND AND A	
				* 23	
Enter new mailing address, if	applicable:			(F)	
(Mailing address MAY BE A P	OST OFFICE BOX)			46. 15. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	
	ed agent and/or registered of w registered office address her		ur records, <u>enter</u>	the name of	the new
		-			
Name of New Register	red Agent:				
New Registered Office	Address:	·		-	
		En	ter Florida street ad	dress	
		City	, Florida	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 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 **Type of Action Address Title** <u>Name</u> MGR Melissa D. Munroe, Esq. 224 Annie Street Orlando El 32806 ✓ Add Remove □ Add Remove ☐ Add Remove ☐ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_

Page 2 of 2

Filing Fee: \$25.00

Munnol
Typed or printed name of signee

authorized representative of a member