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## **COVER LETTER**

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TO: Registration Sec Division of Corp				
SUBJECT:	Property Trus	HC, UC ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Troy	Hulls Name of Person		
	·	Name of Person		
	Proporty	Trustal LLC Firm/Company	<del> </del>	
	1485 Internal	Honal Pleny Ste Address	1031 ALLAHA	-11
	Lake Mary	P1 32746 City/State and Zip Code	ASSVI NAME (1 – 1	FILED
	Irm @ sca	aved investment   ending to be used for future annual report north	1. cam	Ö
For further information co	E-mail address: (i		ication) LORIDA LORIDA	
Trry Aull	5	at (407) 878-7	2830	
Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	e 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)	

### 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

Fronc	crty Trastoc, LLC		
	Liability Company as it now appears on our Florida Limited Liability Company)	records.)	
The Articles of Organization for this Limited Liabil Florida document number \(\bullet \) \(\begin{align*} \lambda 000 11 \) \(\begin{align*} 833 \)		12012 and assigne	d
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company here:		
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."	, —
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	(DDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO.	<u></u>	2016 DEC -1	<u>}</u>
B. If amending the registered agent and/or registered agent and/or the new registered office		ecords, enter the name of t	he new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stree	et address	
		, Florida	
<del>-</del>	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>	<u>Address</u>	Type of Action
MGRM	Ernest (. Aulls IP	11185 International Play	Add
MOINI		ste 1031	Remove
		Lake Mary, P1 32746	Change
			□ Remove
			Change
			Add
		ACCEE AHA	Remove
		SECRETARY OF STATE ALLAHASSEE, FLORIDA	Change
441111111111111111111111111111111111111		PRIDA	Change  Change  Add
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			Change

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	PCC PE
	F.G. D
Effec	tive date, if other than the date of filing: $100 \cdot 10^{15}$ 1206 (optional)
Note	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
docu	ment's effective date on the Department of State's records.
he re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
	e 90th day after the record is filed.
	Signature of a member or authorized representative of a member
Date	, <u>, , , , , , , , , , , , , , , , , , </u>
Date	

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Filing Fee: \$25.00