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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer. |
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COVER LETTER

| Division of Cor | porations | | | | |
|-----------------------------|--|--|---|-----------------------------|---------------|
| SUBJECT: ERWIN FA | AMILY PROPERTY INVESTM | IENTS, LLC | | | |
| | Name of Limit | ed Liability Company | | | |
| The enclosed Articles of | Amendment and fee(s) are subn | nitted for filing. | | | |
| Please return all correspo | ndence concerning this matter t | o the following: | | | |
| | Stephanie S. Overton | | | | |
| | | Name of Person | | | |
| | Erwin Family Property Inve | estments, Inc. | | | |
| | | Firm/Company | | | |
| | 3844 Park Street | | | | |
| | | Address | | | |
| | Jacksonville, FL 32205 | | | | |
| | _ | City/State and Zip Code | | | |
| | stephanie.overton@comcast. | net be used for future annual report notifi | ration) | | |
| For further information c | oncerning this matter, please ca | · | | 2023 KOV 2 | ##(P) |
| William W. Erwin Sr. | | at (904) 226-5941 | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | , y0 | 0 B erecto |
| Name o | f Person | at (904) 226-5941 Area Code Daytime | Telephone Number | 700 PB | 1 |
| Enclosed is a check for the | ne following amount: | | ; !- | 3: 42 STATE | No. |
| □ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Certificate o Certified Co (additional copy | g Fee, of Status & py | 0 |

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

Registration Section

TO:

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ERWIN FAMILY PROPERTY II | IVESTMENTS. LL | .C | | |
|--|---|--|------------------------------|--|
| (Name of the Lim | ited Liability Compa (A Florida Limited) | i <mark>ny as it now appears on our records</mark> Liability Company) | | |
| The Articles of Organization for this Limited I | Liability Company | were filed on 12/24/2012 | and assigned | |
| Florida document number 1,12000159802 | · | | | |
| This amendment is submitted to amend the fol | lowing: | | | |
| A. If amending name, enter the new name | of the limited liab | ility company here: | | |
| The new name must be distinguishable and contain the | words "Limited Liabi | lity Company," the designation "LLC" | or the abbreviation "L.L.C." | |
| Enter new principal offices address, if appli | cable: | 3844 Park Street | | |
| Principal office address MUST BE A STRE | ET ADDRESS) | Jacksonville, FL 32205 | | |
| Enter new mailing address, if applicable: | | 3844 Park Street | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | Jacksonville, FL 32205 | | |
| | | | 202 SE | |
| B. If amending the registered agent and/or agent and/or the new registered office addr | ** | address on our records, <u>enter t</u> | | |
| | | | 100 70 13 1 | |
| Name of New Registered Agent: | Stephanie S. Overton | | 100 cs (m) | |
| New Registered Office Address: | 3844 Park Stree | | FIE 42 | |
| | | Enter Florida street address | | |
| | Jacksonville | | rida <u>32205</u> | |
| | | 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 |
|--------------|----------------------|------------------------|------------------|
| AMBR | Stephanie S. Overton | 3844 Park Street | ■Add |
| | | Jacksonville, FL 32205 | □Remove |
| | | | □Chang c |
| | | _ | □Add |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (1) (7) (1) -21 (optional) ∄\ E. Effective date, if other than the date of filing: (optional) 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. 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. Dated November 16 nember or authorized representative of a member William Wofford Erwin Sr.

Typed or printed name of signee