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COVER LETTER

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TO: Registration Section Division of Corporations
SUBJECT: Property Investment Group Talahassee, U
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Vennifer Woodard Name of Person
Property Investment Group Tallahassee, LCC
_3399 Rustlewood Lane
Tallahassee FL 32312
Le District de La Company de Le Company de L
For further information concerning this matter, please call:
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \text{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

	ORGANIZATION	Scele	<u> </u>
Proper ty Thyest m	OF CANONIA DE LA COMPANY AS IT NOW APPEARS ON OU COMPANY)	Tallahosse E	.
The Articles of Organization for this Limited Liability Compa Florida document number <u>L13000014</u> 7	nny were filed on	9 13 and	assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited 1	iability company here:		
The new name must be distinguishable and end with the words "L.L.C."	imited Liability Company," th	ne designation "LLC" or t	he abbreviation
Enter new principal offices address, if applicable:		A ()	<u></u> ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
(Principal office address MUST BE A STREET ADDRESS	2		E animur
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ASSET TO SOME	30 PH 3:31
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ecords, <u>enter the nam</u>	e of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Fl	orida street address	
		, Florida	
	City	Zip (Zode

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 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>Address</u> Type of Action <u>Name</u> MGRM Jennifer Woodard Remove ☐ Add Remove Remove ☐ Add Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ ed representative of a member

Page 2 of 2

Filing Fee: \$25.00