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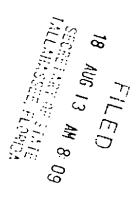
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SUBJECT:		CERTIFIED PROPERT	TES OF TALLAHASSEE, LLC		
SOBJECT.	**	Name of Limi	ted Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are subr	nitted for filing.		
Please return	all correspo	ndence concerning this matter t	to the following:		
		STACY SMALL			
			Name of Person		
		SMITH THOMPSON SHA	AW, ET AL.		
			Firm/Company		
	3520 THOMASVILLE ROAD - 4TH FLOOR				
			Address		
		TALLAHASSEE, FLORIC	DA 32309		
			City/State and Zip Code		
		E-mail address: (to	o be used for future annual report noti	fication)	
For further in	iformation co	oncerning this matter, please ca	11:		
STACY SM	IALL		850 893-4105		
	Name of	f Person	Area Code Daytime	e Telephone Number	
Enclosed is a	check for th	e following amount:			
3 \$25.00 F	iling 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:

TO:

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

CERTIFIED PROPERTIES OF TALLAHASSEE, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number _L13000053673 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

__, Florida _

, 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
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		TALLAHASSEE, FL 32317	■ Remove
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Filing Fee: \$25.00