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Office Use Only

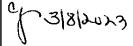


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2023 MAR -8 PH 3: 35

2023 MAR -8 PH 3: 25

ALLAHASSEE, FrOF



COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations	
SUBJECT: <u>STUOENT</u>	PROPERTY MANAGEMENT OF North Florida, LLC Name of Limited Liability Company
The enclosed Articles of Amendment	and fee(s) are submitted for filing.
Please return all correspondence conc	erning this matter to the following:
	Name of Person
	Firm/Company
31	96 MERCHANTS Paw Blod. Suite 130 Address
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further information concerning th	s matter, please call:
Name of Person	at (850) 972-8439 Area Code Daytime Telephone Number
Enclosed is a check for the following	
	Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporation	S Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STUDENT PROPERTY MANN	gement of MORTH	1 Florion, LLC
(<u>Name of the Limited Liability Co</u> (A Florida Limi	ompany as it now appears on our reco ited Liability Company)	
The Aminton of Organization for this Limit of Linking Comm		2023 and answigned:
The Articles of Organization for this Limited Liability Comp	any were filed on	and assigned;
Florida document number $4/300070670$		√ (2 mm) 1 mm
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	SELECTION OF SELEC
The new name must be distinguishable and contain the words "Limited L	Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3196 MERCHAN	UTS Row Blud.
(Principal office address MUST BE A STREET ADDRESS	<u>Suite 130</u>	
	TALLAHASSEE	, FL 30311
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		Florida
	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 Reg	gistered 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
MGRM	ROBERT C RYALS, JR	4130 Buttercup Way Rd	<u>_</u> □Add
		TALLAHASSEE, FL 32311	DRemove
			□Change
MERM	RANDALL A. BURGES	4436 COOL EMERALD DRIVE	David
		TAllahassee, FL 32303	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Add
			🗀 Remove
			□Change

(If an ef Note:	tive date, if other than the date of filing:
the reco ecord is f	rd 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 iled.
Dated	3/8/23
	318123 Signature of a member or authorized representative of a member
	Robert Kospen Typed or printed name of signee