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(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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## **COVER LETTER**

	gistration Sec vision of Corp			
SUBJECT:	Cole Blair Pr	roperties, LLC		
ocasie i		Name of Limi	ited Liability Company	
The enclosed	d Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter t	to the following:	
		Lydia G. Blair		
			Name of Person	
		Cole Blair Properties, LLC		
			Firm/Company	<u> </u>
		192 Lake Pointe Dr.		
			Address	<del></del>
		Santa Rosa Beach, FL 324	59	
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		cole@coleblair.com		
		E-mail address: (t	o be used for future annual report notif	ication)
For further in	nformation co	ncerning this matter, please ca	dl:	
Cole Blair			850 376-3269	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	a check for the	following amount:		
\$25.00 F	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

Cole Blair Properties, LLC		
(Name of the Limited Liab (A Flor	oility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 05/17/2013	and assigned
Florida document number L13000072884	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del> </del>	<del> </del>
Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		<b>16</b>
		E C
B. If amending the registered agent and/or reg		
egistered agent and/or the new registered office ac	ldress here:	The thirty is
Name of New Registered Agent:		95
V 5 1 100 111		(1) <b>(6)</b>
New Registered Office Address:	Enter Florida street address	
	. 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 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/N SOL	Lydia G. Blair	120 Lake Point Dr., Santa Rosa Be	Add
MGR.			Remove
			□ Change
<del></del>			Add
			Remove
			□ Change
			Add
			☐ Remove
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	ies a delayed e after the record		te, but not	an effectiv	e time, at 1	2:01 a.m.	on the	e earlie	er of
December 14	4		2016						
aucu 🦳				<b>-</b> ·					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00