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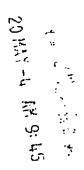
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COVER LETTER

Division of Corp	orations			
FLORIDA R	RIVER TOWN PROPERTIE	suc ,		
SUBJECT.	Name of Lim	ted Liability Company		
			5	o ~.
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.		The state of the s
Please return all correspon	dence concerning this matter	to the following:		
	SCOTT S WILKES , JR.			THE SECTION ASSESSED.
		Name of Person		
	FLORIDA RIVER TOWN	PROPERTIES LLC		
	····	Firm/Company		
	P.O. BOX 1919			
		Address		
	SAINT AUGUSTINE, FL	ORIDA 32085		
		City/State and Zip Code		
	KRISTINAW09@GMAIL	COM		
	E-mail address: (to be used for future annual report notifi	cation)	
For further information co	ncerning this matter, please ca	dl:		
SCOTT S WILKES, JR.		650 218-7845		
Name of	Person		Telephone Number	
Enclosed is a check for the	following amount:			
□ \$25.00 Filing Fee	S30.00 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)	

TO:

Registration Section

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

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**

FLORIDA RIVER TOWN PROPERTIES, LLC

	()F	ر 'س
			and assigned
FLORIDA RIVER TOWN PROPI			
(Name of the Limit	<u>ed Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	\$
		U.D.E. 44, 0040	Ty.
he Articles of Organization for this Limited Li	ability Company	y were filed on JUNE 11, 2013	and assigned
orida document number L13000084570	·		
his amendment is submitted to amend the follo	owing:		
. If amending name, enter the new name of	the limited lia	bility company bere:	
WA .			
he new name must be distinguishable and contain the w	ords "Limited Liab	ility Company," the designation "LLC" or the	he abbreviation "L.L.C."
nter new principal offices address, if applic	ab le :	N/A	
(Principal office address MUST BE A STREET ADDRESS)		N/A	
		N/A	
nter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE BOX)		N/A	
		N/A	
. If amending the registered agent and/or re		address on our records, enter the i	name of the new registe
gent and/or the new registered office addres	s nere:		
Name of New Registered Agent:	N/A		
	N/A		
New Registered Office Address:		Enter Florida street address	
		12de/ 1 RA RAI SIFEE RANGESS	
	N/AN/A	, Florida	

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 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
N/A	N/A	N/A	□ Add
			□ Remove
			☐ Change
			□Add
			□Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	□Add
			□Remove
			Change
		···	
			□ Remove
			□Change
			□Add
			Remove
			□ Change

	PLEASE CHANGE THE OWNERSHIP OF FLORIDA RIVER TOWN PROPERTIES LLC
F	FROM SCOTT S. WILKES, JR TO SCOTT S. WILKES, JR REVOCABLE TRUST
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	** ** ** ** ** ** ** ** ** ** ** ** **
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m effe ote:	ive date, if other than the date of filing:
econ is fil	d 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
ted	APRIL 28TH, 2020
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00