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1)	Business Entity Name)		
(1	Document Number)		
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FILED

SECRETARY OF STATE
TALLAHASSEE, FLORID.

JUN 12 2015 S. YOUNG

## **COVER LETTER**

TO: Registration So Division of Con		'	
	STROW PRO	PERTIES LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	,	ROSTROM Name of Person	<u></u>
	<u>OSTR</u>	Lom Properties Firm/Company	LLC
		MARINE DR Address	
	Ve	City/State and Zip Code	32960
	LROSTI20 E-mail address: (	me OSTROMS RP.	com ZA 5
For further information of	concerning this matter, please co	all:	
Name o	OSTROM of Person	at ( <u>772</u> ) <u>633</u> Area Code Daytime	Telephone Number 1981
Enclosed is a check for t	he following amount:		ÿ <b>⊳</b> ₩
\$25.00 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

Name of the Limited Liability Con (A Florida Limit	OPEZTIES  mpany as it now appears  ted Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Compa	any were filed on _	sept 6 2013 and assigned
Florida document number <u>L130001268</u> 3		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company he	<u>re</u> :
The new name must be distinguishable and contain the words "Limited Li	ability Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<b>経 5</b>
Enter new mailing address, if applicable:		<b>然验 5 </b>
(Mailing address MAY BE A POST OFFICE BOX)		
		57.9
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flori	da street address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age		angeity. I further agree to comply with the
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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 SANDRAHDSTROM 11 MARINE DR.
Vero Beach, 7L 32960 ☐ Remove ☐ Change \_□ Add \_□ Remove \_□ Change □ Add ☐ Remove 냜 □ **R**emove \_□ Change □ Add □ Remove ☐ Change ☐ Add ☐ Remove ☐ Change

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Page 3 of 3

Filing Fee: \$25.00