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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only

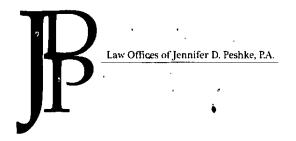


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2016 OCT 17 PH 2: 44
SECNETARY OF STATE

K. SALY 0CT 1 8 2016



October 14, 2016

Via Regular U.S. Mail

Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Shop Prop Holdings, LLC - Articles of Amendment

To Whom It May Concern:

Enclosed please find Articles of Amendment regarding the above referenced entity, together with a check for the filing fee. If all is in order, please file and return confirmation in the enclosed self-addressed, stamped envelope.

If you have any questions, please do not hesitate to contact our office at any time.

Sincerely,

Heather J. Auten, Paralegal

/ha Enclosures

COVER LETTER

	gistration Se vision of Cor				
SUBJECT:		P HOLDINGS, LLC			
object:		Name of Lim	ited Liability Company		
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please returi	ı all correspo	ndence concerning this matter	to the following:		
		JENNIFER D. PESHKE, I	ESQ.		
			Name of Person		
		LAW OFFICES OF JENN	IFER D. PESHKE, P.A.		
	Finn/Company				
		4733 N. HWY. A1A, STE.	. 303		
		4	Address		
		VERO BEACH, FL 32963			
			City/State and Zip Code		
		JDP@PESHKELAW.COM			
		E-mail address: (to be used for future annual report notif	ication)	
For further i	nformation co	oncerning this matter, please co	all:		
Heather J. A	vuten, Paraleg	gal	772 231-1233		
	Name of	f Person		e Telephone Number	
Enclosed is	a check for th	ne following amount:			
\$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 OF

2016 OCT 17 PM 2:44

SHOP PROP HOLDINGS, 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	SEPTEMBER 11, 2013	and assigned
Florida document number L13000128596			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company	here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," th	ne designation "LLC" or the abbr	reviation "L.L.C."
Enter new principal offices address, if applicable:	3450 LAKEV	WOOD DRIVE	
(Principal office address MUST BE A STREET ADDRESS)	WEST MELI	BOURNE, FL 32904	
Pater and a Plant Alama 16 and Pater.			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	-		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:	<u>e</u> :	Florida street address	ne name of the new
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as publicated to merely reflect a change in the registered office company has been notified in writing of this change.	performance provided for in	of my duties, and I am far n Chapter 605, F.S. Or, if	miliar with and this document is
Is Char	Decistors d	Agent Signature of New Region	stored A sout

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 = M $AMBR = A$	lanager authorized Member		FILE	
<u>Title</u>	<u>Name</u>	Address	2016 OCT 17 PM 2.1	Type of Action
			2016 OCT 17 PM 2:44 MILLAHASSEL, FLORID	Add
			Strift)	□ Remove
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ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing. If the date inserted in this block does not meet the applicable statutor	
ment's effective date on the Department of State's records.	
ocord specifies a delayed effective date, but not an effect	stive time at 13:01 a.m. on the earlier
ecord specifies a delayed effective date, but not an effec ne 90th day after the record is filed.	tive time, at 12.01 a.m. on the earner
000 / 12	
d October 3. 2016.	7

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00