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| (Re | equestor's Name) | |
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| (Ad | dress) | |
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| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: | Registration Division of C | | | | | | | | |
|----------|-------------------------------|-----------------|---------------------------------|--------------|--|-----------------|---------------|--|-----|
| SUBJE | CT: | LIV | Propert | ie s | LLC | | | | |
| | | | Name of Limit | ted Liabilit | y Company | į | | | |
| The end | losed Articles | of Amendmen | at and fee(s) are sub | mitted for | filing. | | | | |
| Please r | eturn all corres | spondence con | cerning this matter | to the follo | wing: | | | | |
| | | | Say | Merz | e l | | | | |
| | | | Liv Pri | oper t | of Person | LLC | <u> </u> | | |
| | | | | Firm | Company | | | | |
| | | | 406 | Cove | DR idress | | | | |
| | | *** | CAR LivProj | | | | | | |
| | | | LivProg | Senties | 110 6 | GMai | 1-Com | | |
| For furt | her information | n concerning th | his matter, please ca | | r tuture anni | іаі герогі поці | ication) | | |
| | 261 | Menz | e (| at (| 815, | 404- | 927 | <u>ک</u> | |
| | Nam | e of Person | | ur (| Area C | ode & Daytim | e Telephone N | umber | |
| Enclose | d is a check for | r the following | g amount: | | | | | | |
| \$25.0 | 00 Filing Fee | | Filing Fee & ifficate of Status | Cer | 0 Filing Fe lified Copy litional cop | | Cer) Cer | 00 Filing Fee, tificate of Status & tified Copy ditional copy is enclose | ;d) |

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

| LIV Pro | openties LLC | |
|---|--|--|
| (Name of the Limited Lia (A Flo | ability Company as it now appears on our records orida Limited Liability Company) | _) |
| The Articles of Organization for this Limited Liabi Florida document number <u>L13000 1549</u> | | and assigned |
| This amendment is submitted to amend the following | ing: | 20131 TALL |
| A. If amending name, enter the new name of th | e limited liability company here: | ALLASSIAN ALLASSIA |
| The new name must be distinguishable and end with the "L.L.C." | ne words "Limited Liability Company," the designati | ion "LLC" or the abbreviation |
| Enter new principal offices address, if applicable | e: | <u> </u> |
| (Principal office address MUST BE A STREET A | ADDRESS) | The state of the s |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) | <u></u> | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | | ter the name of the new |
| Name of New Registered Agent: | · · · · · · · · · · · · · · · · · · · | ····· |
| New Registered Office Address: | Enter Florida stree | t address |
| - | , Florid | ··· - ··· · · · · · · · · · · · · · · · |
| | 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|--------------|------------|--|
| MGR | SUSAN Menzel | 406 Cove D | Add Add |
| | | CARY IL | 60013 Remove |
| | | | Add |
| | | | Remove |
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| amending an | y other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| | 24 1000 |
| | Signature of a member or authorized representative of a member |
| | Jay Merzel |
| • | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00

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