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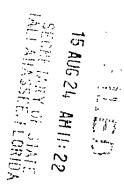
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AUG 25 2015 J SHIVERS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: PROPERTY MA	EX Innovations LCC
The enclosed Articles of Amendment and fee(s) are submitted for filing	<u>,</u>
Please return all correspondence concerning this matter to the following	2:
LAURIE BART	LeH Person
PROPERTY MA	2 Innovations
8440 College Addres	PK4#160
	FU 33919 Zip Code VCOAST REO HOLDINGS, COM ure annual report notification)
For further information concerning this matter, please call:	
Name of Person BARHEH at (2)	Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \$\Bigcup \$55.00 Filing Fee \$\Bigcup \$Certificate of Status \$\Bigcup \$certified (additional)	

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**

PROPERTY MI	PAX INNOVATIONS,	, LLC	
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)		
The Articles of Organization for this Limited Liability Con Florida document number <u>L1300011095</u> 2,	mpany were filed on <u>11-25-13</u>	and assign	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company here:		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the	abbreviation "L.L.C	3.7
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE.	ss 8460 College Filmyers Fr	PK4#	140
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register registered agent and/or the new registered office address		er the name of	the new
Name of New Registered Agent:		S 20	71 171
New Registered Office Address:	Enter Florida street address . Florida	AH II:	A comme
	City	Zi Zip Code	- -
New Registered Agent's Signature, if changing Registered A	Agent:	7	

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 = Au	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	MAY KOLSHAK	3150 N Gallagher Rd Dover, Fr 33527	Add
		Dover, Fr 33527	Remove
			Change
			Add
			□ Remove
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