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COVER LETTER

MAILING ADDRESS:

TO:

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

Excoberry F	roperties, LLC ity Company as it now appears on our re a Limited Liability Company)		
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our re a Limited Liability Company)	ecords.)	
The Articles of Organization for this Limited Liability (Florida document number <u>L/3 000/⁻7</u>	Company were filed on 1211	1	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation	"LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)	- <u> </u>	
		15 fr. 2.5	<u> </u>
		· · ·	
Enter new mailing address, if applicable:			The state of the s
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
		<u> </u>	 ~
		<i>©</i> ≥	.
B. If amending the registered agent and/or registered agent and/or the new registered office add		cords, enter the	name of the new
registered agent and/or the new registered office add	ness nere.		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street a	address	
		Florida	
	City	Zi _i	n 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 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name 1	Address Tild 14 14 12 Pal	Type of Action
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(If an effective date Note: If the date	if other than the date of is listed, the date must be spete inserted in this block doctive date on the Department	eific and cannot be press of meet the app	licable statutory file	more than 90 days aft		oursuant t	
o) The 90th da	ecifies a delayed effec ay after the record is	filed.			a.m. or	n the e	arlier
David /Ü	lov 16,	201	8.				
Dated			, ,				
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Page 3 of 3

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