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COVER LETTER

TO:		ation Sect 1 of Corp			
SUBJE	Lio	n Properti	es, LLC.		
SUDJE	.ci:		Name of Limi	ited Liability Company	·····
The end	losed Art	icles of A	mendment and fee(s) are sub-	mitted for filing.	
Please 1	return all o	correspon	dence concerning this matter t	to the following:	
			Eric H. Miller		
				Name of Person	
			Lion Properties, LLC.	,	
				Firm/Company	
			5342 Clark Road # 132		
				Address	
			Sarasota, Florida 34233		
			lionproperties@hotmail.com	City/State and Zip Code	
			E-mail address: (t	to be used for future annual report not	fication)
For furt	her inforn	nation cor	ncerning this matter, please ca	dl:	
Eric H.	Miller			941 504-2926 at ()	
		Name of I	Person		ne Telephone Number
Enclose	d is a che	ck for the	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

Lion Properties, LLC.				
(Name of the Limited	Liability Company as it now appears on our records. A Florida Limited Liability Company)	9		
The Articles of Organization for this Limited Liab Florida document number L13000177532	bility Company were filed on December 30, 2013	}	_and assign	ed
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability company here:			
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC"	or the abbrev	viation "L.L.C.	***
Enter new principal offices address, if applical	ble:			
(Principal office address MUST BE A STREET	ADDRESS)	·		
	 			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	<u></u>			
	r registered office address on our records,	enter the	of	the new
registered agent and/or the new registered offi-	ce address here:	AS.		
		E ÷	60	
Name of New Registered Agent:		- <u> </u>	322	<u> </u>
New Registered Office Address:		S I A F L OR	№	
	Enter Florida street address	回(+**)*	C.	• •
		rida		
	City	j	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 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	Robert Calistri	2406 State Road Valrico, Fl. 33595	■ Add
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			Change
			Add
			Remove
			Change
			
			Remove
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fective date, if other than the n effective date is listed, the date mus	date of filing:	pe prior to date of	of filing or more th	nan 90 days after)nal) filing.) Pi	ursuant t	o 605.0
ote: If the date inserted in this blument's effective date on the D	ock does not meet the	applicable sta					
record specifies a delayed The 90th day after the rec		ut not an e	ffective time	e, at 12:01 a	ı.m. on	the e	arlier
November 16	2016	-					
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00