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COVER LETTER

TO:		istration Sec ision of Corp		41 4 9		, pr		
		SoHilly Pro	perties, LLC	, a		,	• •	
SUBJF	CT:		Name of Lin	nited Liability Company				
The end	closed	Articles of a	Amendment and fee(s) are sul	bmitted for filing.				
Please	return	all correspon	ndence concerning this matter	r to the following:				
			MG Orender					
				Name of Person				
			SoHilly Properties, LLC					
				Firm/Company		· · ·		
			7845 Baymeadows Way					
				Address				
			Jacksonville, FL 32256					
			City/State and Zip Code					
			morender54@gmail.com E-mail address:	(to be used for future annual	report notifica	tion)		
For fur	ther in	nformation co	oncerning this matter, please of	call:				
MG O	render	r		904 56 at ()	4-9129			
		Name of	Person	Area Code	Daytime To	elephone ?	kumber	
Enclose	ed is a	check for th	e following amount:					
■ \$2:	5.00 F	îiling Pec	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		Ce Ce	0.00 Filing Fee, rtificate of Status & rtified Copy dumnal copy is enclosed)	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO SECRETARY OF STATE ARTICLES OF ORGANIZATION OF CORPORATIONS OF 2822 AUG -1 AM 9: 12 1

Solfilly Properties, 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 Comp. Florida document number L14000001227	any were filed on 01/03/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	lability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, g	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		Florida Zip Code
	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 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 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
MGR	Jim Knierim	4200 Summit View Drive	≣ A d d
		Brooksville, FL 34601	□Remove
			□Change
			□Add
			□Remove
			Change
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Tective date, if other than the an effective date is listed, the date in other. If the date inserted in this	the date of filing:	~ 29 , 2022	(opti more than 90 days after	onal)
ete: If the date inserted in this cument's effective date on the	Department of State's reco	plicable statutory fil ords.	ing requirements, thi	s date will not be liste
record specifies a delayed effect is filed.				
T.1. 29	2022			
ated July 29 MG Orender	7/1			