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COVER LETTER

Division of Cor	porations			
SUBJECT:	1 CKenzie Pr Name of Limi	operty Service ited Liability Company	es, LLC	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Pobe	rt Myzen in Name of Person	<u></u>	
	Makin	zie Property Se	rvius LLC	
	81	LOIS Lane		-9 PH 2: 27
	Crawfo	SVdVIIH, FL 3.2 City/State and Zip Code	327	
	E-mail address: (to be used for future annual report not	fication)	
For further information c	oncerning this matter, please ca	all:		
Robert Name o	NCKINZU f Person	at (950) 519 - Daytim	e Telephone Number	51 25 251 252
Enclosed is a check for the	ne following amount:		PH	
\$\frac{1}{2}\$ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Scrifficate of Status & Certified Copy (additional copy is enclosed)	STATE

Registration Section

TO:

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 ARTICLES OF ORGANIZATION OF

Drangity Cariaca II C.

	roperty	SCIVILLS L		
(Name of the Limit	d Liability Compa (A Florida Limited)	ny as it now appears on or Liability Company)	ir records.)	7
The Articles of Organization for this Limited Li Florida document number <u>L1+ DC005</u> L	ability Company	· i	07/2014	_ and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designat	ion "LLC" or the abbi	eviation "L.L.C."
Enter new principal offices address, if applic		<u> </u>	·	
(Principal office address MUST BE A STREE	<u>T ADDRESS)</u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>			
B. If amending the registered agent and/or ragent and/or the new registered office addres		address on our record	s, <u>enter the name</u>	of the new registere
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida stro	pet address	<u> </u>
			, Florida	
		City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

WACKINDIA

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	Sarah C McKenziu	el Lois Lane	□Add
		Crawfordville, FL 3232-	7 DRemove
			□Change
			□Remove
			□Change
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Note: I	ve date, if other than the date of filing: 03 00 2020 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.	!07 (3 as th
he record ord is file	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	1e
Dated _	3-6- , 2020 Noscor Michael Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member Robert MC-Ken-Tul	

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