## 1400075981

(F	Requestor's Name)
(A	Address)
	Address)
(C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(C	Document Number)
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S. WARREN AUG 1 1 2017

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: <u>Cau</u>	thon Family Name of Lind	ted Liability Company	LC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Genevieve	.C. Rosenberg	
	Cawthon Fo	amily Propertie	S, LLC
	2504 Hari	iman Circle Address	
		City/State and Zip Code	
	Gennyrosen E-mail address: (	berge grail, co to be used for future annual report notif	Com ication)
For further information of	oncerning this matter, please ca	all:	
Genevieve	Rosenberg	at ( <u>850</u> ) 339 Arca Code Daytimo	-8093
Name o	f Person /	Area Code Daytime	Telephone Number
Enclosed is a check for th	c 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

Caw thon tamily Prof.  (Name of the Limited Liability Company (A Florida Limited Lia	perties LLC ly as it now appears on our records.) lability Company)	_
The Articles of Organization for this Limited Liability Company w	were filed on 5-9-2014 and	d assigned
Florida document number <u>L14000075981</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abbreviation	ın "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		<del></del>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	· ————	me of the new
Name of New Registered Agent:		***
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Florida	
	City Zip C	?ode
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peaccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office as	performance of my duties, and I am familian rovided for in Chapter 605, F.S. Or, if this e	r with and Socument is

If Changing Registered Agent, Signature of New Registered Agent

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 = Ma AMBR = Au	nager thorized Member		
Title	Name	Address	Type of Action
AMBR	Henri C. Cawthon	6043W43rd Terrace Gainesville, FL 32607	S Add
		Gainesville, FL 32607	Remove
			Change
AMBR	Simon C. Rosenberg	480 Clair Drive	D Add
		480 Clair Drive Pittsburgh, PA 15241	□ Remove
			Change
			□ Add
			Remove
			Change
			□ Add
			Remove
			Change
			_□ Add
			_□ Remove
			∠□ Change
			6- <b>-</b> 80
			_□ <b>Re</b> move

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<del></del> -		
tive date, if other than the date	of filing: 14 2017 excific and cannot be prior to date of filing or more than 90 of	(optional)
If the date inserted in this block d	oes not meet the applicable statutory filing requirement	
ment's effective date on the Departi	HEIR OF STATE S FECORDS.	
ecord specifies a delayed effe e 90th day after the record i	ective date, but not an effective time, at 1 s filed.	2:01 a.m. on the earlier
i August 8 ECK	7. ev	
CCL	ture of a member or authorized representative of a membe	<b>17</b>
Signa	ture of a member or authorized representative of a member	
Committeedo	C. Rosenberg Typed or printed name of pignee	6- <del>- 6</del> ⊟
_ Genericie	Typed or printed name of fignee	<del> </del>
		SX 7
	Page 3 of 3	28 105

Filing Fee: \$25.00