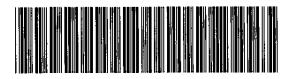


(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Section
Division of Corporations

P.H. SMYTHE PROPERTIES L.L.C

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PORTER H. SMYTHE
Name of Person
Firm/Company
1101 N PALMWAY
Address
LAKE WORTH, FL 33460
City/State and Zip Code
PHS7123@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PORTER H. SMYTHE

_a, 561,

504-3854

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check 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

P.H. SMYTHE PROPERTIES L.		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability (and assigned	
Florida document number <u>L14000079224</u>	·	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:	
he new name must be distinguishable and end with the words "L	imited Liability Company," the designation "LLC" or	the abbreviation L.L.C."
Enter new principal offices address, if applicable:		The state of the s
Principal office address MUST BE A STREET ADD	RESS)	CO - TOWNS
Timesput office unitess most BB7151RBB1718B		History of the
		- 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		52 S F
Enter new mailing address, if applicable:		Entire on
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or regi	stered office address on our records, e	nter the name of the r
registered agent and/or the new registered office ad	· · · · · · · · · · · · · · · · · · ·	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Florid	a
	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 Changing Registered Agent, Signature of New Registered Agent

·If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records: 'MGR'= Manager AMBR = Authorized Member Type of Action Address Title Title Name 1101 N PALMWAY PORTER H. SMYTHE **MGR** Add LAKE WORTH, FL 33460 CREMOVE ☐ Add ☐ Remove Remove □ Add ☐ Remove □ Add ☐ Remove □ Add ☐ Remove

N. If amending any other information, enter change(s) here: (Attach additional shee	its, if necessary.)	
. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more that the date this document is filed by the Florida Department of State)	(optional) an 90 days after	
Dated Signature of a member or authorized representative of a mem	her	_
PORTER H. SMYTHE		
Typed or printed name of signee	14 JUN 10	**************************************
	EN LORESTA	. , :

Page 3 of 3

Filing Fee: \$25.00