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COVER LETTER

TO:	Registration Se Division of Cor			
cup ne	American S	outhern Properties LLC		
SUBJE	UI:	Name of Lim	ited Liability Company	
The enci	losed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Jonathon B. Maner		
			Name of Person	
			Firm/Company	
		5157 Greenway Dr. N.		
			Address	11.2.00
		Jacksonville, FL. 32244		
		BradManer I@gmail.com	City/State and Zip Code	2015 JUL 27 SECRETARY TALLAHASSE
		E-mail address: (to be used for future annual report notifi	cation)
For furth	er information co	oncerning this matter, please ca	all:	ini
Jonatho	n B. Maner		904 318-3665 at ()	FLOOT I
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	ne 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

American Southern Properties LLC		
(Name of the Limited Liability Co. (A Florida Limi	mpany as it now appears on our re- ted Liability Company)	cords.)
The Articles of Organization for this Limited Liability Compa	any were filed on June 10, 2014	and assigned
Florida document number <u>L14000093855</u>		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	liability company here:	
onathon B. Maner LLC		
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
<u>Principal office address MUST BE A STREET ADDRESS</u>	Σ	
		Ec es
		<u> </u>
Enter new mailing address, if applicable:		27 ARY SSE
		o
Mailing address MAY BE A POST OFFICE BOX)	<u></u>	
•		OR TA
		ਲੋ ਕ
B. If amending the registered agent and/or registered egistered agent and/or the new registered office address leadings.		ords, <u>enter the name of the r</u>
egistered agent and/or the new registered office address i	<u>nere.</u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	ldress
		, Florida
	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 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			
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			□ Change			
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Typed or printed name of signee

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