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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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S. WARREN AUG 2 3 2017

COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

| Division of Corp | orations | | • |
|--|--|---|--|
| subject: <u>К</u> е | nt's Property | 1 Preservation and Liability Company | 11-6 |
| • | | | |
| On the second se | mendment and fee(s) are subm | sitted for filling | |
| | | | |
| Please return all correspon | dence concerning this matter to | the following: | |
| | Derrick B. | Vient Name of Person | |
| | • | | |
| | | Firm/Company | |
| | 20 01 | 1 | |
| | NO Church | Address | |
| | | Ville Fl. 323 City/State and Zip Code | |
| | Lallenich | - (16) c) 202 1 (1) | 1 2 |
| • | E-mail address: (t | aly 6 gma. 1. Co. | ification) |
| For further information ed | oncerning this matter, please ca | :11: | |
| Darick B | 2. Ken= | at (550) 56 | 7-1712 |
| Name of | Person | Area Code Daytii | ne Telephone Number |
| Enclosed is a check for the | 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) |
| Registi Divisio P.O. B | ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314 | STREET/COUI Registration Sectorities of Corp Clifton Building 2661 Executive | orations |

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| heats Property | fre servention LLC ity Company as it now appears on our record la Limited Liability Company) | <u></u> |
|---|--|------------------------------|
| (Name of the Limited Liabil (A Florid | la Limited Liability Company) | <u></u>) |
| The Articles of Organization for this Limited Liability (| Company were filed on | and assigned |
| Florida document number | · | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lin | nited liability company here: | |
| The new name must be distinguishable and contain the words "Lin | mited Liability Company," the designation "LLC | "Or the abbreviation "llC." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADD | DRESS) | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | 12.00 |
| B. If amending the registered agent and/or reg | istered office address on our record | ls, enter the name of the ne |
| registered agent and/or the new registered office ad | idress here: | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| - | Enter Florida street addr | |
| <u> </u> | , I | Clorida |
| | | |

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> - | Name | Address | Type of Action |
|----------------|-------------|-----------------|-------------------------------|
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| ffective dat | te, if other than the | date of filing: | | | (0 | ptional) | | |
| i <u>ote:</u> If the o ocument ⁷ s e | late is listed, the date must date inserted in this blo iffective date on the Do specifies a delayed day after the rec | ock does not mee epartment of Stat d effective dat | et the applicable te's records. | statutory ming | requirements, | this date wi | ii not oc i | isteu a |
| The 90th | | | | | | | | |
| The 90th | 122/17 | | | | | | | |
| The 90th $\frac{8}{2}$ | 1/23/17 | · | | | | | | |
| The 90th | (23/17 DZ | | | | | | 35) | 17 |
| The 90th | /23/17 22 | Signature of a me | mber or authoriz | ed representative | of a member | | | 17 AUG |
| The 90th | | | , | | of a member | | | 17 AUG 23 |
| The 90th | | Signature of a me | , | | of a member | | 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | _ω |
| The 90th | | | , | | of a member | | M La-ASS (E. 10) | 17 AUG 23 AM 11: 04 |

Filing Fee: \$25.00