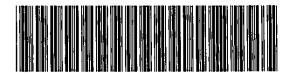


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2016 NOV -3 PM 1: 42
SECRETARY OF STATE

K. SALY NOV -4 2016

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Chris Lynn Real Estate LLC 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:
Christopher Shane Lynn Name of Person
Chris Lyn Real Estate, LLC
938 18 Th ALE N.
Jack somulle Beach, FL 32256 City/State and Zip Code
Beattor Chris lyn @ Gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Christopher Lynn at (904) 860-2160 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Status Scriffed Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed) S60.00 Filing Fee, 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 O	RGANIZATION F// C
, , ,	2010
	NOV 3
Chris Lynn Real Es	RGANIZATION 2016 NOV -3 Tate LLC TAIL CRETARY OF STATE ORIDA ability Company)
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records. TAMASSEE STATE
,	FLORID
The Articles of Organization for this Limited Liability Company v	vere filed on
Florida document number <u>L 14000 177 991</u> .	·
This amendment is submitted to amend the following:	
A TE amount in a second control of the control of t	
A. If amending name, enter the new name of the limited liabil	
The new name must be distinguishable and contain the words "Limited Liability	
Enter new principal offices address, if applicable:	938 18th Aue N. Jacksonville Beach, FL 32250
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville Beach, FL 32250
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
The state of the s	
D. If amonding the registered agent and/on registered off	is adduced on our records outer the name of the name
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:	
registered agent and or the new registered office address here.	
Name of New Registered Agent:	8th Ave N.
200	PTh A - A/
New Registered Office Address: 938 7	Enter Florida street address

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

Jacksonville Beach, Florida 32250

City Zip Code

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		ILED	
<u>Title</u>	<u>Name</u>	Address	2016 NOV -3 PM 1: 48	Type of Action
·		 	SECRETARY OF STATE TALLAHASSEE, FLORIDA	Add
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Note: If the	ate, if other than the date is listed, the date m date inserted in this l effective date on the	block does not n	neet the applicab	date of filing or more e statutory filing re	(option than 90 days after f quirements, this o	nal) iling.) Pursuant to date will not be	605,0207 listed as t
		ed effective d	late. but not a	an effective time	e, at 12:01 a.	m. on the ea	rlier of:
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Page 3 of 3

Filing Fee: \$25.00