## L14000187385

(Re	equestor's Name)	
(Ad	dress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE

J. HARRIS

## **COVER LETTER**

	istration So ision of Co			
CUD IDOT.	ATL RE	AL ESTATE LLC		
SUBJECT:		Name of Lin	nited Liability Company	<del>                                      </del>
The enclosed	l Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		TRACEY C HIGGIN	IBOTHAM	
		+ <u></u>	Name of Person	
		HIGGINBOTHAM C	OMPANIES INC	
		····	Firm/Company	
		3790 N US 1		
			Address	
		COCOA, FL 32926		
			City/State and Zip Code	
			OTHAM@HIGGINBOTHAL  to be used for future annual report no	
For further in	formation c	oncerning this matter, please c	-	,
TRACEY	C HIGGI	NBOTHAM	321 632-572	
	Name o	f Person	at () Area Code Daytii	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 Fi	ling 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)
	Registra Division P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	on orations enter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ATL REAL ESTATE LLC		
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit Florida document number L14000187385		and assigned
This amendment is submitted to amend the following	y;	
A. If amending name, enter the new name of the	limited liability company here:	
A LITTLE PROPERTIES LLC		
The new name must be distinguishable and end with the words	"Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	***************************************	
Principal office address MUST BE A STREET AD	ODRESS)	7. 2
		2015 SEC
		AR PR
Enter new mailing address, if applicable:		124 ASS
Mailing address MAY BE A POST OFFICE BOX		<u> </u>
		ORIGINA TO
B. If amending the registered agent and/or re registered agent and/or the new registered office a		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Ma $AMBR = Au$	anager athorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
			Add
			Remove
			Add
			□ Remove
			Add
			☐ Remove
	·		愛IS AP 24 PP SECRETARY OF TALLAHASSEE.
			Remove
			Remove

Effective date, if other than the date of filing: 05/01/2015 (optional)  (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)  Dated 4/9 , 2451.
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)
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(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)
Dated 14/9 , 20/5 .)
Signature of a member of authorized representative of a member
AUSTIN T. LITTLE  Typed or printed name of circum.

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Filing Fee: \$25.00

2015 APR 24 PM 1: 10