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(Req	uestor's Name)	
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(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:	MAIL	
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J SHIVERS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TRE PERRY PROPERTIES, LLC
Practic Or Empire Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Theodis L. Perry, Jr.
Name of Person
Tre Perry Properties, LLC
Firm/Company
PO Box 8791
Address
Jacksonville, FL 32239-8791
City/State and Zip Code
treperryproperties@yahoo.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Theodis L. Perry, Jr. at (850) 702-1199 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$\Bigcup \\$60.00 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 ORGANIZATION OF

TRE PERRY PROPER (Name of the Limited	TIES, LLC Liability Compa A Florida Limited I	ny as it now appears on Liability Company)	our records.)				
The Articles of Organization for this Limited Lia Florida document numberL1500014203		were filed on 8/	19/15	and assigned			
This amendment is submitted to amend the follow							
A. If amending name, enter the new name of t	he limited liab	ility company here:					
The new name must be distinguishable and contain the wor	ds "Limited Liabil	ity Company," the design	ation "LLC" or the ab	breviation "L.L.C."			
Enter new principal offices address, if applical	ole:	7925 Merrill Rd, #1509					
(Principal office address MUST BE A STREET	Jacksonvil.	le, FL 3227	77				
Enter new mailing address, if applicable:		PO Box 879					
(Mailing address MAY BE A POST OFFICE BOX)		_Jacksonvil	le, FL 3223	9-8791			
B. If amending the registered agent and/or registered agent and/or the new registered office			records, enter	the name of the new			
Name of New Registered Agent:							
New Registered Office Address:	7925 Me	rrill Rd, #15					
	Jackson		Florida	2275			
		City	۵۰.	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 = M $AMBR = A$	MGR = Manager AMBR = Authorized Member								
<u>Title</u>	<u>Name</u>	Address	Type of Action						
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			□ Change						
			□ Remove						
			Change						
			Add						
			□ Remove						
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docun	nent's effective	date on the I	Department	of State's red	cords.						
If the re	cord specifie	s a delaye	d effectiv	ve date, bu	ıt not an	effective t	ime, at 12	2:01 a.m	. on th	e ear	lier o
(b) The	e 90th day a	ter the rea	cord is file	ed.							
Datad	Septemb	ner 15		, 201	5						
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Filing Fee: \$25.00