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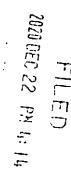
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COVER LETTER

TO: Registration Section Division of Corporations Montgomery Howard Properties, LLC SUBJECT: 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: John H. Webb Name of Person Montgomery Howard Properties, LLC Firm/Company 1434 Spruce Ave. Address Tallahassee, FL 32303 City/State and Zip Code rxfrchng@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: John Webb 850 339-9644 Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & **■ \$25.00** Filing Fee ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed). (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Sep 18, 2015 and assign and a	Montgomery Howard Properties, LLC			
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: the new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" and the new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 8. If amending the registered agent and/or registered office address on our records, enter the name of the new gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	(Name of the Limited I	Liability Company as it now appea Florida Limited Liability Company)	rs on our records.)	
A. If amending name, enter the new name of the limited liability company here: the new name most be distinguishable and contain the words "Limited Liability Company," the designation "L.L." or the abbreviation "L.L.". Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	The Articles of Organization for this Limited Liabi Florida document number <u>L15000157126</u>	ility Company were filed on	ep 18, 2015	and assigned
The new name must be distinguishable and contain the words "Limited Liability Company." the designation "L.L.C" or the abbreviation "L.L.C". Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter the name of the new regent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	his amendment is submitted to amend the following	ing:		
Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new regent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	A. If amending name, enter the new name of th	e limited liability company h	ere:	
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3. If amending the registered agent and/or registered office address on our records, enter the name of the new regent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter new mailing address, if applicable:			FILE 1 DEC 22
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	Name of New Registered Agent:			
	New Registered Office Address:	F I'I	and the state of the state of	
emer Fibria street daaress		Enter Flo	rida sireet address	
, Florida, Zip Code	-	/ Va.	, Florida	Zin Cin In

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 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> MGR	<u>Name</u> Willis M. Webb	Address 2110 Merrifield Ln, Tallahassee FL 32311	Type of Action
	Willis M. Wello	2110 Merrifield Fift, Tarramassec 11, 52511	= Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			Charge P. Add
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ffective date, if other than the	date of filing:	(optional)
an effective date is listed, the date mu ote: If the date inserted in this b	st be specific and cannot be prior to date of took does not meet the applicable state.	(optional) filing or more than 90 days after filing.) Pursuant to 605.020; itory filing requirements, this date will not be listed as
ocument's effective date on the D	epartment of State's records.	and the second of the second o
	e date, but not an effective time, at 12	2:01 a.m. on the earlier of: (b) The 90th day after the
is filed.		
December 19	2020	
ated		
:		

Typed or printed name of signee