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	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
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D. SCOTT MAY 3 2017

## g COVER LETTER

TO:	Registration S Division of Co	ection rporations	•
		Properties, LLC	
SUBJE	CT:	Name of Lim	nited Liability Company
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.
Please r	eturn all correspo	ondence concerning this matter	to the following:
		Jennifer Howard	
		Name of Person	
		J. Howard Properties, LLC	2
		•	Firm/Company
		167 Carson Oaks Lane	
		-	Address
		Santa Rosa Beach, Florida	ı 32459
		jennifer@j-howardpropertio	City/State and Zip Code es.com
		E-mail address: (	(to be used for future annual report notification)
For furt	her information o	concerning this matter, please c	all:
Jennife	Howard		850 585-7334
	Name o	of Person	Area Code Daytime Telephone Number
Enclose	d is a check for t	he following amount:	<b></b>
□ \$25	.00 Filing Fce	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee ☐  Certified Copy Certificate of Status & □  (additional copy is enclosed) (additional copy is enclosed)
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations Box 6327 assec, 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

J. Howard Properties, LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on October 21, 2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" 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:	-101000
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
N. D. C. M. C. C. M. L. D. C. L. L.	City Zin Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pubeing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this documents

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
AMBR	Marleigh Feigenbaum	1137B Magruder Rd., Ft. Sill, OK	<b>=</b> Add
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			Change
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n effective date	e is listed, the date must be	e specific and o	cannot be prior to	date of filing or	more than 90 d	ays after filing	.) Pursuant to 60	5.0201
	ite inserted in this block ective date on the Depa	rtment of St	ate's records.	ne statutory ii	iing requireme	nis, inis date	will not be its	icu a:
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