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SECRETARY OF STATE 7/

COVER LETTER

ST. JOHN	- 'S PROPERTIES LAKE CITY	LLC	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	John Papageorge		
Division of Corporations ST. JOHN'S PROPERTIES LAKE CITY, 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: John Papageorge Name of Person Firm/Company 10044 Strike the Gold Lane Address Waxhaw, North Carolina 28173 City/State and Zip Code john.jpproperties@gmail.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: ohn Papageorge Name of Person 10045 545-1146 Name of Person Name of Person Name of Person 10046 545-1146 10047 1116			
		Firm/Company	
	10044 Strike the Gold Len	c	
		Address	
	Waxhaw, North Carolina	28173	
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For further information o		•	
John Papageorge			
Name o	of Person		e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status &
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Tallahassee, FL 32314

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2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ST. JOHN'S PROPERTIES LAKE CITY, LL		
(Name of the Limited Liability (A Florida	ty Company as it new appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 12/11/2015	and assigned
Florida document number L15000206789	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Lizbility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	·	
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the</u>	name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Date Date of the second state of the second st	
	Enter Florida street oddress	
	, Florik	laZiv Code
	Carry Carry	tab com

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

Title	Name	Address	Type of Action
MGR	John Papageorge	101 East Matthews Street, Suite 500	
		Matthews, NC 28105	■ Remove
MGR John S. Papageorge	John S. Papageorge	101 East Matthews Street, Suite 500	
		Matthews, NC 28105	Петоче
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Effective date	if other than the date is listed, the date must be sp	of filing:	at he prior to date	of filing or more !	(optio	nal)	N
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nocument's ett	ctive date on the Departi	nent of State's	s records.				
record specific	s a delayed effective date	hut not en el	Factive time as	12:01 n m on ti	na aneliae of: (b)	The Ofth day of	lur thu
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Dated		 ·					

Typed or printed name of signee