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COVER LETTER

	ration Sec on of Corp			•
	ST PROPE	ERTIES, LLC		•
SUBJECT:			ited Liability Company	
The enclosed A	rticles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all	correspon	dence concerning this matter	to the following:	1
		DONNA JONES		,
		· · · · · · · · · · · · · · · · · · ·	Name of Person	,
		TRINKLE, REDMAN, CO	OTON & DAVIS, P.A.	ŀ
			Firm/Company	
		121 NORTH COLLINS S	TREET	
			Address	
		PLANT CITY, FL 33563		
			City/State and Zip Code	<u></u>
		DJONES@TRINKLE-LAV	V.COM to be used for future annual report notif	[military
For further info	rmation co	ncerning this matter, please or	•	(Cattori)
DONNA JONE	ES		813 752-6133	1
	Name of	Person		Telephone Number
Enclosed is a ch	eck for the	following amount:		
■ \$25.00 Filin	ig Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra Division P.O. Box	NG ADDRESS: tion Section of Corporations x 6327 see, FL 32314	STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 321	n ations ater Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1.51 1 1001 1.10 111.55, 1.120		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)	1
The Articles of Organization for this Limited Liability	Company were filed on JANUARY 1, 2016	and assigned
Florida document number L16000002146		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "f.	imited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	ORESS)	<u>:</u>
		
Enter new mailing address, if applicable:		;
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		-
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		ter the name of the new
		1 7 7
Name of New Registered Agent:		
New Registered Office Address:		1886
	Enter Florida street address	1
	Florida	7
New Registered Agent's Signature, if changing Register	City red Agent:	Na Care
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	complete performance of my duties, and I c agent as provided for in Chapter 605, F.S. red office address, I hereby confirm that the	m familiar with and Or, if this document is

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JERRY L. TERRY	1905 W JOHNSON ROAD	□ Add
		PLANT CITY, FL 33566	■ Remove
			¦ Change
MGR	MARGARET TERRY	1905 W JOHNSON ROAD	
		PLANT CITY, FL 33566	☐ Remove
			Change
			
			Remove
		•	□ Change
·			
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			□ Change
			
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fective date, if other than the da n effective date is listed, the date must b	e specific and cannot be prior to date		filing.) Pursuant to 605.9
ote: If the date inserted in this bloc cument's effective date on the Dep		ntutory filing requirements, this	date will not be listed
			·
record specifies a delayed e	effective date, but not an ϵ	effective time, at 12:01 a	i.m.; on the earlier
The 90th day after the recor			
AUGUST 2ND	2017		·
ated AUGUST 2ND			
1.200	Eichart M gnature of a member or authorized ro	Oro call	
· · · · · · · · · · · · · · · · · · ·	ensure of a member or authorized of	enresentative all a member	

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Filing Fee: \$25.00